A LOOK AT
TBI TRUST FUND PROGRAMS

Possible Funding Sources for Helping Individuals and Their Families
Cope with Traumatic Brain Injury

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The Federal TBI Program's Traumatic Brain Injury Technical Assistance Center at the National Association of State Head Injury Administrators wishes to thank the participating States for offering this candid account of how their trust fund programs got started and operate.

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Enclosure:
TBI Trust Funds: Issues in Start-up and Management video Webcast on CD-ROM

A LOOK AT TBI TRUST FUND PROGRAMS

What are TBI Trust Funds?

Trust funds are accounts established by law and earmarked for specific purposes. As State revenue sources become more difficult to obtain, TBI trust funds offer an additional way to serve individuals who have sustained a traumatic brain injury.

The earliest TBI trust fund legislation occurred in 1985 in Pennsylvania. Today, there are 19 fully operational trust fund programs throughout the United States, ten of which also benefit individuals with spinal cord injuries. Two additional programs are under development in Montana and Connecticut.

While all the programs are not specifically called "trust funds," they do share these similarities:

- They are established by legislation and dedicated for activities benefiting individuals with brain injury.
- They are supported by revenues from a fee, fine, or surcharge.
- Revenue is placed in an interest-bearing, non-reverting account.

How do they work?

Despite the fact that a trust fund is an account dedicated for a specific purpose, many States require legislative approval to use TBI funds. Gaining this approval involves establishing an annual budget and presenting it before a budget or finance committee in the General Assembly.

Estimated revenue varies widely for established programs, from less than $1 million to $17 million. The average is between $1 million and $4 million annually. The sources of revenue also vary but are most often tied to traffic offenses—a leading cause of car crashes and TBI.

Just as revenue for trust funds varies, so do their uses. Many programs provide funding for individual consumer needs while others devote funds to projects selected through a request for proposal (RFP) process. Some combine trust fund monies with general revenue or other sources to support new or existing programs, promote research, or help fund registries, information and referral, education, prevention, resource coordination, grants, or waivers. In at least one State, a portion of trust fund monies was used to match the Health Resources and Services Administration's (HRSA) Federal TBI Grant Program grant project. In another, trust fund monies help sustain programs started with HRSA grant funds.

While there may be no direct relationship between the HRSA Federal TBI Grant Program and the evolution of TBI trust fund programs, the increase in exchange of information between States has most likely stimulated interest in their development. For some States, the Federal program also provides for the continued presence of an individual or advisory body able to initiate development of such a fund when the time is right.

How do you establish a trust fund?
Development of a TBI trust fund is one avenue for States to explore as they work towards expanding resources and achieving comprehensive systems of services and supports. But getting a trust fund established is not without challenges. At least one State was successful in getting legislation approved to establish a trust fund but has no approved mechanism for generating revenue. Others have experienced difficulty in getting legislative support for a trust fund because their legislators view any fee, fine, or surcharge as a tax, with the legislature being committed to no new taxes. In one State, a change in its Constitution is required in order to share revenues from fees, fines, or surcharges with public education initiatives. See document *Compilation of TBI Trust Fund Legislation* (included in this binder and available from the Traumatic Brain Injury Collaboration Space at http://www.tbitac.nashia.org/tbics) for sample legislation.

Because political climates and priorities differ from State to State, there is no "one size fits all" strategy for establishing and operating a trust fund. However, some common insights have emerged:

1. A strong, statewide grassroots advocacy effort (typically led by the Brain Injury Association of America's chartered State affiliate) is critical in laying the groundwork for legislation. This includes getting buy-in not only from legislators but also from stakeholders, such as 1) agencies that will be facilitating revenue collections, and 2) top management at the agency that will administer the program.

2. One or more powerful legislators are needed to champion the bill.

3. Judges, court clerks, department of motor vehicles, or whoever is critical to the revenue collection process, must be educated about the legislation and its importance so that they will willingly fulfill their collection obligation.

4. Expect the start-up process to take one to two years. The start-up process often includes time for the collections process to begin generating sufficient monies; setting up an advisory board if one does not already exist; finalizing priorities and operating procedures; promulgating administrative rules; and allowing contract bids or placing additional staff as needed.

5. Make sure the rules are clear so they are not misinterpreted by individuals who stand to benefit from the program nor those who administer it. Keep them flexible enough to allow for the unexpected.

6. Anticipate as much as possible, but expect change. Only through experience will a State know what works and what does not work.

TRUST FUND DEVELOPMENT AT-A-GLANCE

Date Ratified	State	Revenue Sources	Estimated Revenue	Program Focus
1985	PA	All traffic violations	$3 million	Assessment, short-term community-based rehabilitation services, transition case management
1988	CA	.066 of state penalty fund	$1 million	7 regionally based projects addressing community support needs
1988	FL	DUI, BUI, moving viol, motorcycle tag, temp license tag	$17 million	Acute care, rehabilitation, community integration, nursing home transition, case management, Medicaid match, prevention, registry, special project grants
1991	MA	speeding, DUI	$6.8 million	Non-recurring, short-term community support services
1991	MN	DUI	$1 million	Registry, resource and service coordination
1991	TX	felonies and misdemeanor	$10.5 million	Inpatient, outpatient, and post-acute rehabilitation services
1992	AZ	civil & criminal	$2 million	Public information, prevention, education, community rehabilitation, transitional living, surveillance
1993	AL	DUI	$1.5 million	Registry, resource coordination
1993	LA	DUI, speeding	$1.5 million	Community-based services and supports
1993	TN	speeding, reck. op., DUI, rev. license.	$750-950,000	Registry, grants for 10 community-based projects
1996	MS	DUI moving viol.	$3.5 million	Registry, waiver match, services, transitional living, prevention, education, recreation
1997	NM	moving violations	$1.5 million	Service coordination, life skills training, crisis interim services
1997	VA	license reinst. fee	$1.2 million	Grants for community-based rehabilitation projects, applied research projects
1998	GA	DUI	$2.3 million	Community-based services and supports, support groups, AT
1998	KY	percent of court costs	$3.3 million	Community-based services and supports, surveillance registry
2002	CO	speeding DUI	$1.5 million	Care coordination, services, research, education
2002	HI	traffic offenses	$600,000	Service coordination, education, public awareness, registry
2002	MO	Cost of court	$800,000	Counseling, mentoring, education
2002	NJ	car registration	$3.8 million	Community-based services and supports, public awareness, education
2003	MT	car registration	$8,117	Advisory Council, grants for public awareness, prevention education
2004	CT	reckless driv., speeding DUI	$300,000	Undetermined – may focus on resource coordination

Evaluating State Traumatic Brain Injury Trust Fund Legislation:
Some Questions to Consider

A number of important issues should be considered before committing to the establishment of a traumatic brain injury (TBI) trust fund. Particularly important is an awareness of potential negative consequences that might arise. For example, would a TBI-only trust fund alienate key stakeholders (e.g., cross-disability coalitions) whose support will be needed for other initiatives or would a TBI trust fund limit State appropriations to programs that serve individuals with TBI and their families?

This document presents questions TBI stakeholders should address when considering whether to establish a TBI trust fund. Questions have been organized into five categories: 1) Decision Process; 2) Financing; 3) Administration; 4) Functions; and 5) Oversight. Decision Process includes questions related to organization, coalitions, priorities, and responsibility. The section on Financing addresses matters related to securing and sustaining financial support. Administration addresses issues associated with establishing and operating a program that will ensure excellent customer service and efficient use of resources. The fourth section, Functions, should help identify the kinds of services and supports a fund might finance. The final section, Oversight, raises the important issue of what mechanisms should be established to ensure solvency and how to ensure that resources are used to meet the needs of individuals with TBI and their families.

Decision Process

1. What stakeholders (e.g., government, cross-disability coalitions, individuals, and service providers) would be involved in evaluating the feasibility of a trust fund?
2. How and by whom would these stakeholders be identified?
3. How would decisions be reached (e.g., consensus agreement)?
4. To whom would the stakeholders report or provide recommendations?
5. How would the public policy objectives of a trust fund be identified and prioritized?
6. What information/data would be used to evaluate the feasibility of developing a trust fund?
7. Would a TBI trust fund alienate some stakeholders that may be helpful in pursuing other systems improvement? If yes, how would this issue be addressed? If no, how could broader stakeholders help advance a trust fund proposal?

Financing

1. What would be the source of revenue (e.g., traffic fines, driving under the influence, State income tax, vehicle license fee) for the trust fund?
2. Would the trust fund be able to accept private contributions?
3. Would the funding source(s) be sufficient to meet needs?
4. How stable/predictable are the funding sources (i.e., are they tied to a sector of the economy that is subject to fluctuation)?
5. Would contributions to the trust fund be time limited?
6. Would the trust fund require periodic reauthorization by the State legislature?
7. How would trust fund solvency be reviewed/addressed to ensure services and supports are not cut and that individual and/or family needs continue to be met?
8. Would a trust fund overtly or covertly divert resources from other TBI/disability programs?

Administration

1. If funded from fines, how would these fines be assessed and collected? Would the contribution to the trust fund be a required percentage of a certain class of fines or would it be at a court's discretion? If the latter, how would court officers be trained/educated about their role in assessing/collecting penalties for the trust fund?
2. How would the trust fund allocate resources or fund services? Would the trust fund make an annual contribution to a given State agency or would individuals apply directly to the trust fund for assistance? Would the trust fund reimburse approved service providers for costs? How would the reimbursement schedule be determined and adjusted?
3. How would eligibility be determined?
4. Would the fund be restricted to a specific age or disability group?
5. Would the application process be cumbersome?
6. What appeals mechanism would be available to adjudicate disputed claims?
7. What would be the annual administrative costs and would the costs be paid by the fund?
8. Would the trust fund be administered through an existing program or a new program?
9. What training, technical assistance, education, and outreach would be available to individuals, families, advocates, service providers, and other stakeholders who would seek to access the trust fund?
10. Would the trust fund operate in a person-centered or person-directed fashion?
11. Would the fund meet the individual needs of diverse populations?
12. Could the trust fund be reprogrammed to provide/finance other State services? If yes, what authority (e.g., approval of the Governor, agency administrator, trust fund advisory board, or State legislature) is required?

Functions

1. Would the trust fund support only TBI services and supports, or any services and supports needed by individuals with TBI?
2. What is the purpose of the proposed State trust fund? For example, would the trust fund cover hospital expenses for the uninsured, medical rehabilitation, durable medical equipment, cognitive rehabilitation, employment services, housing assistance, transportation assistance, assistive technology, respite care, personal attendant services, an array of services that individuals and families could choose from depending upon need, support of a State surveillance system, or prevention and public awareness?
3. Would the trust fund finance the necessary services, as identified by individuals with TBI, families, and service providers?
4. What percentage of the State's population of individuals with TBI and their families would receive assistance from the trust fund? How would those not eligible for trust fund assistance access/finance services?

Oversight

1. Would the trust fund have an independent advisory board that includes TBI stakeholders, including individuals with TBI, families, advocacy organizations and service providers?
2. What would be the relationship between the trust fund advisory board and the trust fund administrator? Would the trust fund's administrator be obligated to listen to/implement the recommendations of the advisory board?

3. How would board members be selected/appointed, and for what length of service?
4. What entity will be responsible for auditing the trust fund?
5. What mechanism will be established to evaluate the effectiveness of the trust fund in meeting the needs of individuals with TBI and their families?

Advice from States

While committing to a TBI trust fund may be beneficial as it brings much-needed revenue to implement services and supports for the TBI program, establishing one may not be so easy. Stakeholders should consider the areas of (1) Advocacy; (2) Decision Process; (3) Financing; and (4) Functions, if contemplating the establishment of a TBI trust fund because potential problems may arise if these areas are not given sufficient attention.

The State agencies that have successfully established TBI trust funds have not done so without hurdles. As a result, they have thought of ingenious ways to overcome obstacles through their years of experience and/or problem-solving techniques. They have graciously handed over much-needed advice on how to facilitate the process of establishing a trust fund. Listed below are various helpful tips many State agencies have implemented and are eager to share. Each suggestion is grouped into one of the categories listed above and is tagged by the State that submitted it. Note that the "Advocacy" category is not listed in the "Questions to Consider" section, but appears here first.

Advocacy

- A strong grassroots effort is critical. (GA)
- Use your Brain Injury Association (BIA) and Spinal Cord Injury Association to develop a strong grassroots effort and locate legislators who are amenable to sponsoring legislation. (LA)
- Develop a plan that includes input from the advocacy community. (MA)
- Do not give up on getting legislation passed. It may not happen this year, but there is always next year. Persistence counts, and on-going education of policy and decision makers never stops. (NM)
- Find and use a high profile case of a person with brain injury. The Mayor of Albuquerque took an interest in the case of a police officer who was shot by a person with brain injury. (NM)
- Make sure your Cabinet Secretaries know about brain injury. Ask them to speak at brain injury functions. Include them in leadership training as much as they will participate. Show them how important brain injury is to the people. (NM)
- Do not forget the Governor. Meet with his health advisors and teach them about brain injury. (NM)
- Build grassroots support within the community, the legislature, and State government programs. (TN)
- Get as much press coverage as possible. Run campaigns. Use the *face of brain injury* post cards. Give them to legislators with a hand written note. Send them to the media. (NM)
- Collaborate with a broad base of people. (TX)
- Do not leave out consumers or their families. (TX)

Decision Process

- Just do it. (CO)

- Consumer groups should be actively involved in the process of identifying and prioritizing types of services needed from the trust fund. The legislative language should clearly reflect the intent. (FL)
- Be very upfront about what you are trying to do. (MN)
- Develop clear trust fund priorities and procedures, accounting systems, and program evaluation. (MO)
- Be realistic about what can be provided with dollars available. (MO)
- Start work long before you plan to take enabling legislation to your legislature. Plan at least a year in advance. Train and use your advocates to tell their stories one-on-one to legislators and committee members. Gather statistics, but when you do not have them, do not just wait until you can get them. Stories sway more hearts than money. (NM)
- Be clear about the population to be served. (PA)
- Figure out what services/supports you want to provide and then allow for the likelihood of new technologies. (PA)
- Know what you want to do with the funding up front rather than waiting until after the money becomes available. (TN)
- Pick key supportive legislators. Utilize "big names" to bring weight to the process. (TX)
- Find consensus and a win/win scenario. (TX)

Financing

- Make sure you have a secure funding stream that cannot be altered. (AL)
- Maintain a constant vigilance over your dollars. (AL)
- Seek funding from multiple sources or infractions. (AL)
- Make sure your source of revenue is a stable one. (CA)
- Having trust fund revenue tied to traffic issues helps legislators and others make the connection between the two and the resulting issues. (CO)
- Always be watchful and do not take for granted that the money is secure. (CT)
- Determine in advance how your funds will be used so you can justify them in the legislative process. (CT)
- Utilize the easiest-to-access revenue source for your State. (CT)
- Link and generate funding from sources that contribute to the incidence of the injuries. (FL)
- Capping expenditures limits a State's ability to truly address the life-long needs of people with TBI. (MA)
- If States choose the same funding mechanism as Montana's, it would be wise to figure out, in advance, a way to establish the voluntary contribution from year to year in the form of automatically adding the dollar with the option of removing it. (MT)
- Having the surcharge on motor vehicle registrations has worked well for the administering agency. Dealing with court imposed fines can be problematic because judges will reduce fines or they are otherwise hard to collect. The agency plans to create a public awareness flyer that will accompany vehicle registrations stating what the 50 cent surcharge is all about. (NJ)
- Utilize a funding source that is somehow tied to causes of TBI. (TX)

Administration

- You do not necessarily have to create a whole new program. Focus on improving what you already have in place. Leverage your resources to make the most available for the most people. (AZ)
- Think evaluation from the beginning. From the outset, get input from others in designing the program. (AZ)
- Balance passion with strategic planning. (AZ)
- Find and cultivate a relationship with a strong legislator. (CT)
- Project how much funding will be collected and have a clear plan on how to use it. (FL)
- The State agency responsible for administering the trust fund must be committed to developing the program to address the unmet needs of individuals with traumatic brain injuries. (FL)
- Keep your focus on consumer independence. (GA)
- Make the program as flexible as possible. (KY)
- Do not try to turn it into a Medicaid or treatment program. Focus on helping individuals direct their own lives and live as independently as possible. Average allocations are low—less than $3,000 per person—and most are not related to treatment or therapies. Staying client-centered as opposed to program-centered will also reduce administrative costs. (KY)
- If you choose to contract with a fiscal intermediary, make sure upfront that the contractor has the capacity to handle all expected responsibilities. (KY)
- A trust fund should be managed by a State agency in order to assure accountability. (MA)
- Work in partnership with stakeholders and other agencies. (MN)
- Most of all, understand the niche trust fund dollars can fill and structure all policies and procedures to be consistent. (MO)
- Be very clear in law and in policy what you can and cannot provide. (MS)
- Do your homework. (NM)
- Write your contracts very concretely. Be sure you have detailed language saying what you need and expect from service providers. Put in reporting, satisfaction surveys and monthly billing requirements. The program, not the service providers, should drive services. (NM)
- Win the support of your executive staff. Educate them every chance you get. Make sure they understand the needs of persons with brain injury. (NM)
- Monitor the contractors early and often. Create department forms for assessment, Independent Living Plans, and processing money if you can. (NM)
- Contemplate all possibilities regarding the use of trust fund monies and in establishing administrative rules. (PA)
- Establish a set of regulations that help eliminate ambiguities. (PA)
- Pay attention to what families and consumers have to say about what they want and how the program should be administered. (PA)
- Establish a process that can be sustained. Change will be needed. (TX)
- Operating a trust fund using a grant dissemination mechanism works well for research projects that a) use State dollars for lab techs and seed projects, and b) can ultimately attract Federal funding. Funding of community-based, rehabilitation programs has been more challenging because the need for direct services is so great. Once programs are up and running successfully, it has been difficult for them to face the reality of grant funds coming

to an end. Many grant-funded programs approached the legislature for permanent funding and were awarded $825,000 in FY 2005 and $1,075,000 in FY 2006, keeping doors open for six, brain injury services programs. (VA)

Functions

- Teach your consumers how to "fish." Do not do it for them. (AL)
- Build trust and commitment. (AZ)
- Recognize that many folks with brain injury are already in your service system. Ask yourself, how can I get the best outcome for them? (AZ)
- Work for the long-haul, not the short-run. (AZ)
- Having a statewide referendum has been very beneficial because its passage acknowledges broad program support and puts safeguards in place with the trust fund in the constitution. (GA)
- Research a variety of State trust fund models to see which one best matches your intentions. (GA)
- Be sure to include case management. (KY)
- A trust fund should be considered a supplement – not the exclusive operating resource since available monies depend on limits imposed by citations. (MA)
- Consider the fund as a resource for augmenting or improving your system. (MN)
- Be prepared to deliver what your law and policy says you can. (MS)
- Be cautious about using Federal waiver guidelines. This is an opportunity to get services for persons with brain injury that they cannot get anywhere else. (NM)
- Do not provide services that participants can get from another payer source. This will make your money go farther. (NM)
- Decide what the client needs and what your quality assurance needs are up front. (NM)
- Become aware of what is needed in both the urban and rural parts of your state. TBI is everywhere, so serve everyone. (NM)

Table 1. Primary Characteristics of State TBI Trust Funds.

State	Est. Annual Revenue	Program Focus	Most Requested Service/Support
AL	$1.5 million	Registry, resource coordination	Attendant Care
AZ	$2 million	Public information, prevention, education, community rehabilitation, transitional living, surveillance	Cognitive Retraining; Vehicle Modification
CA	$1 million	7 regionally based projects addressing community support needs	Counseling; Support Groups
CO	$1.5 million	Care coordination, services, research, education	--
CT	$300,000	Undetermined – may focus on resource coordination	--
FL	$17 million	Acute care, rehabilitation, community integration, nursing home transition, case management, Medicaid match, prevention, registry, special project grants	Inpatient rehabilitation
GA	$2.3 million	Community-based services and supports, support groups, AT	Transportation; Attendant Care
HI	$600,000	Service coordination, education, public awareness, registry	Housing
KY	$3.3 million	Community-based services and supports, surveillance registry	Respite
LA	$1.5 million	Community-based services and supports	Medications or Medical Supplies
MA	$6.8 million	Non-recurring short-term community support services	Private Case Management
MN	$1 million	Registry, resource and service coordination	Employment assistance
MO	$800,000	Counseling, mentoring, education	Transitional Home and Community Support Training
MS	$3.5 million	Registry, waiver match, services, transitional living, prevention, education, recreation	Personal Care Attendants
MT	$8,117	Advisory Council, grants for public awareness, prevention education	--
NJ	$3.8 million	Community-based services and supports, public awareness, education	Cognitive Therapy
NM	$1.5 million	Service coordination, life skills training, crisis interim services	Prescription Medications
PA	$3 million	Assessment, short-term community-based rehabilitation services, transition case management	Life Skills Training
TN	$750-950,000	Registry, grants for 10 community-based projects	--
TX	$10.5 million	Inpatient, outpatient, and post-acute rehabilitation services	Post Acute Rehabilitation
VA	$1.2 million	Grants for community-based rehabilitation projects, applied research projects	--

Table 2. Numerical and Other Characteristics of State TBI Trust Funds.

State	Number Served	Average Annual Per-Person Expenditure	Wait List?	Emergency Requests?
AL	Direct Services: 218 I&R: 1230 Service Coordination: 1,318	Unknown	No	N/A
AZ	Case Management: 3,000+ I&R: 18,000+	IL program: $10,766 VR program for persons successfully employed: $19,874 VR program for persons not successfully employed: $4,900	No	N/A
CA	I&R: 10,000+ Services/Service Coordination: 630 Training & Education: 3,000	Unknown	No	N/A
CO	215	Case Management: $900 - $1,000	No	N/A
CT	--	--	N/A	N/A
FL	2000	--	No	N/A
GA	350+	$4,100	N/A	N/A
HI	75	--	N/A	N/A
KY	1,000+	Less than $3,000	Yes	Yes
LA	387	$12,000	Yes	Yes
MA	Services: 600+ Service Coordination: 200+	24/7 Residential Service: $150,000 Assistive Technology: $1,200 Day Service: $24,000; Dental: $1,600 Supported Living: $20,000 Transportation: $2,000	Yes	N/A
MN	Resource Facilitation: 400	--	No	N/A
MO	540	$6,000	Yes	N/A
MS	600+	--	No	Yes
MT	--	--	N/A	N/A
NJ	160	$4,578	No	Yes
NM	550	--	No	Yes
PA	36	Between $8,000 and $15,000	No	No
TN	Camp: 108; I&R: 650 Case Management: 1,800 Supported/Independent Living: 76	--	N/A	N/A
TX	464	Successful closures: $44,694 Unsuccessful closures: $17,069 Ineligible: $48	Yes	No
VA	--	--	N/A	N/A

Table 3. Administrative Overhead and Revenue of State TBI Trust Funds.

State	Administrative Overhead	Trust Fund Revenue
Alabama	For the Resource Coordination component: $800,000 for salaries and support funds with 20% directed to administrative overhead.	If the Department was able to collect the actual amount estimated, it would total $2.5 million. With compliance problems, it's been closer to $1.5 million.
Arizona	The Arizona Trust Fund does cover administrative costs (see A.R.S. 41-3203 at http://www.azheadspine.org/pdf/GCSHI_Statutes.pdf). We don't have a specific percentage designated (the Trust Fund budget is reviewed and appropriated for our use on a biannual basis). Since our Trust Fund pays for services, we do pay direct service staff salaries as well as administrative staff salaries. Although this all falls in the "administrative" section of the budget, it is justified and approved as part of the direct service cost. As an example, the SFY 2006 budget allocates $581,022 for administrative* costs (salaries, benefits, contracted services for administrative functions [not client services], travel, equipment, other operating expenses, rent, and indirect); the Client Services allocation is $1,912,400, for a total budget of $2,493,422. *As noted above, the administrative costs do include salaries and related costs for direct service staff as well.	Revenue is estimated at $2 million each year.
California	The Assessment Fund is now known as the State Penalty Fund. County clerks collect fines and retain 30% for deposit into the county general fund and transmit 70% to the State Treasury for deposit in the State Penalty Fund. Also, an average 5 to 10% per contract is spent on operating expenses.	Estimated revenue is now at $1 million. However, the actual amount collected has gradually decreased over the past 3 years.
Colorado	We use no more than 5% of the Trust's money for administration costs. This was mandated in the legislation. [C.R.S. 26-1 307 (2005): "Administrative costs The administrative expenses of the board and the department shall be paid from moneys in the trust fund. The joint budget committee shall annually appropriate moneys from the fund to pay for the administrative expenses of the program."]	$1.25 million were collected the first year and approximately $1.5 million is expected for FY 2005. Thus far, the program is realizing $120, 000-$130,000 each month.
Connecticut		Revenue potential has already been reduced to $300,000 because of a problem collecting on out-of-state forfeiture of bonds.
Florida	The funds from various fines are remitted to the Florida Department of Highway Safety and Motor Vehicles and then distributed to the trust fund. The State deducts a 7 percent administrative handling fee	Current revenue is about $17 million and receipts generally meet expectations.
Georgia	Our legislation says the following: "The Commission may also authorize the disbursement of trust fund money for the actua and necessary operating expenses that the commission incurs in performing its duties; provided, however, that such disbursements shall be kept to a minimum in furtherance of the primary purpose of the trust fund which is to disburse money to provide care and rehabilitation services to persons with brain and spinal cord injuries." [O.C.G.A. § 15-21-148(b) (2005)]. Thus, we do not have a percentage limit for administrative costs. We try to keep administrative costs to 20% of the total budget.	Revenue has been at $2.3 million. It will go down to $2 million because of the partial payment practice.
Hawaii	Per legislation, no more than 2% of annual revenue may be used for administrative expenses.	The Judiciary initially estimated yearly revenue at $1 million but cautioned that a lower amount, closer to $600,000, would be more realistic. This is due to court reduction in fines and some defendants' failure to pay fines. When the collection process first began, revenues were less than projected. However, during the past 6 months, they have been higher than estimated, possibly due to "Click it or Ticket" and other statewide campaigns clamping down on traffic offenders.
Kentucky	Current rules limit the amount to be spent on administration to 3%. (Administrative costs include: administrative staff (including the program manager, comptroller, HR department, etc), building rent, postage, software/computers, brochures, 800 phone line, etc.)	Current estimated revenue is $3.3 million.
Louisiana	Law states "the monies in the fund shall be used solely for programs designed to provide services to Louisiana citizens disabled by traumatic head and spinal cord injuries, for the administrative costs of the program and reimbursement of travel expenses of member of the advisory Board..."	Current revenue is $1.5 million.

Table 3. Administrative Overhead and Revenue of State TBI Trust Funds.

State	Administrative Overhead	Trust Fund Revenue
Massachusetts	At this time, only two to three percent of trust fund revenues are used for administration. The bulk of operational/administrative expenses are also taken from the general revenue fund.	The funds are considered "off budget" which gives the head of the Massachusetts Rehabilitation Commission (agency in which SHIP resides) discretion on the amount it can draw and how the funds will be used. An appropriation number is assigned to the trust fund account. The SHIP administrator is able to write checks/allocations against that account not to exceed $7 million yearly.
Minnesota	The Department of Health retains 17% for the registry and makes 83% available to BIA. Four percent given to BIA is spent on administration.	When the program was first getting started, revenue was estimated at between $1.2-1.4 million. It has been tracked each year. One year it dropped to $250,000. For FY 2003-04, it was $900,000. It's expected to be $1million for FY2004-05.
Mississippi	3% is set aside for administration. (The administering agency must secure a legislative appropriation each year for spending authority, based on the projected number of consumers it expects to serve.)	Revenue is estimated at $3.5 million annually.
Missouri	25% for administrative costs.	Revenue is estimated at $800,000.
Montana		Revenue for FY 2005 is estimated at $8,117.
New Jersey	Less than 10% is spent on administration.	Thus far, $3.8 million is projected and been received.
New Mexico	Operation and administrative expenses are all paid from State general funds. Trust fund money is used only to pay contractual services (operational expenses within state reimbursement rates but not directly designated as operational).	Since FY 2000, revenue has consistently been $1.5 million.
Pennsylvania	None of this money can be used for administration. Staff salaries are paid out of general revenue.	$3 million in annual receipts has consistently been available to the DOH since inception of the program.
Tennessee	About $200,000 is used for administrative purposes. The trust fund revenues come from increased fines on four traffic violations. The county court clerks who collect the fines keep five percent of the total they collect for administrative costs. The money then goes to the Department of Safety who in turn sends the funds to the Department of Health via journal voucher. The TBI Program coordinator has responsibility for administering the trust fund, among other duties. The salaries of the TBI program staff as well as all other program expenses, are paid out of the trust fund.	The administering agency had been receiving about $750,000 a year prior to the fine increases. The agency will have a better idea at the end of another fiscal year how much additional revenue it can expect to receive.
Texas	Any accrued interest is kept for administrative purposes.	Revenue has consistently been $10.5 million and has not fallen short of that figure.
Virginia	5% is set aside for administrative overhead and staffing of the CNI Trust fund. The CNI Trust Fund is a non-reverting fund. The administrative line was not always within the legislation, it came later with a legislative amendment after the responsibilities of administering the fund was transferred from the Department of Health to the Department of Rehabilitative Services. Originally the fund was split 50-50 for grant funding (50% for research on the mechanisms and treatment of Neurotrauma and 50% for community rehabilitative service program funding) and an amendment was pushed through to change the amount allocated for grants to 47.5 % for each of the aforementioned types and then 5% for administrative and staffing costs	Annual revenue is about $1.2 million.

Compiled from the National Association of State Head Injury Administrators' TBI Technical Assistance Center's "A Look at TBI Trust Fund Programs" and a November 2005 TBISERV Discussion Thread.

Table 4. Legislative Authority for State TBI Trust Funds.

State	Year	Establishment and Administration	Revenue Source	Revenue Type
AL	1993	Code of Ala. § 32-5A-191.2 (2005)	Code of Ala. § 32-5A-191 (2005)	DUI
AZ	1992	A.R.S. § 41-3203 (2004)	A.R.S. § 12-116.02 (2004) A.R.S. § 36-2219.01 (2004)	Civil & Criminal
CA	1988	Cal Wel & Inst Code § 4358 (2005)	Cal Pen Code § 1464(f)(8) (A) (2005)	0.66 of state penalty fund
CO	2002	C.R.S. 26-1-301 to 309 (2005)	C.R.S. 42-4-1301(7) (d) (III) (2005) C.R.S. 42-4-1701(4) (e) (I&II) (2005) C.R.S. 30-15-402(3) (2005)	Speeding; DUI
CT	2004	Conn. Gen. Stat. 14-295b (2004)	Conn. Gen. Stat. 14-295a (2004)	Reckless Operation, Speeding; DUI
FL	1988	Fla. Stat. § 318.79 (2005)	Fla. Stat. § 320.131(2) (2005) Fla. Stat. § 381.21(2)(d) (2005) Fla. Stat. § 938.07 (2005)	DUI, BUI, Moving Viol, Motorcycle Tag, Temp License Tag
GA	1998	O.C.G.A. § 15-21-148 (2005)	O.C.G.A. § 15-21-149 (2005)	DUI
HI	2002	HRS § 321H-4 (2004)	HRS § 291-11.5(e) (2004); HRS § 291-11.6(e) (2004); HRS § 291C-12(d) (2004); HRS § 291C-12.5(c) (2004); HRS § 291C-12.6(c) (2004); HRS § 291C-102(c) (2004); HRS § 291E-61(c) (2004)	Traffic Offenses
KY	1998	KRS § 211.470 to 211.478 (2004)	KRS § 42.320(2)(c-d) (2004)	5.5% of Court Costs
LA	1993	La. R.S. 46:2633 (2005) La. R.S. 46:2635 (2005)	La. R.S. 46:2633 (2005)	Reck. Driving; Speeding; DUI;
MA	1991	ALM GL ch. 10, § 59 (2005)	ALM GL ch. 90, § 20 (2005) ALM GL ch. 90, § 24 (2005)	Speeding; DUI
MN	1991	Minn. Stat. § 144.661 to 665 (2004)	Minn. Stat. § 171.29(Subd. 2)(c) (2004)	DUI
MO	2002	§ 304.028 R.S.Mo. (2005)	§ 304.028 R.S.Mo. (2005)	Cost of court
MS	1996	Miss. Code Ann. § 37-33-261 (2005)	Miss. Code Ann. § 99-19-73 (2005)	DUI; Moving Viol.
MT	2003	Mont. Code Anno., § 2-15-2218 (2005)	Mont. Code Anno., § 61-3-303 (2005)	Car registration
NJ	2002	N.J. Stat. § 30:6F-5 (2005) N.J. Stat. § 30:6F-4 (2005)	N.J. Stat. § 39:3-8.2(1.b.) (2005)	Car registration
NM	1997	N.M. Stat. Ann. § 24-1-24 (2005)	N.M. Stat. Ann. § 66-8-116.3(E) and N.M. Stat. Ann. § 66-8-119(B)(5) (2005)	Moving Violations
PA	1985	28 Pa. Code § 4.1 (2005)	35 P.S. § 6934 (2005)	All traffic Violations
TN	1993	Tenn. Code Ann. § 68-55-401 (2005)	Tenn. Code Ann. § 68-55-301 to 304 (2005)	Speeding, Reck. Op., DUI, Rev. Lic.
TX	1991	Tex. Hum. Res. Code § 111.060 (2005)	Tex. Local Gov't Code § 133.102 (e) (6) (2004)	Felonies & Misdemeanors
VA	1997	Va. Code Ann. § 51.5-12.2 (2005)	Va. Code Ann. § 46.2-411(C) (2005)	License Reinst. Fee

ALABAMA

Background: Up until the 1990s**,** there was no funding specific to TBI in Alabama. The Alabama Department of Rehabilitation Services needed revenue to fill in gaps in services. A task force researched funding possibilities and decided to pursue a trust fund. Observing Florida's program, they decided to model their own revenue source*,* DUI, after what Florida was doing. Alabama's Commissioner of Rehabilitation Services, Lamona Lucas, had previously worked at a rehabilitation hospital and was familiar with the needs of persons with brain injury. She helped champion the cause. There was also a legislator who had a family member with a brain injury. Charlie Priest, Executive Director of the Head Injury Foundation, served as chair of the task force's legislative subcommittee and was a strong advocate. Each of these individuals worked with other members of the legislature to rally support.

Legislative Authority: Acts 1993, No. 93-323, Section 32-5A-191.2, ratified in 1993.

Revenue Source and Collections Process: The program receives $100 for each Driving under the Influence (DUI) conviction. The task force collects information on the number of DUI convictions each year and estimates revenue. County clerks collect the money and deposit it into the State Treasury. The amount is included in the department's annual budget which must be appropriated by the legislature. This requires the current Commissioner to justify the amount at legislative budget hearings every year.

There were difficulties in different municipalities. Some judges were prone to reducing convictions for DUI to reckless driving, which carried a lesser penalty and generated no money for the program. However, during the most recent legislative session, a bill was passed that prevents judges from reducing convictions.

If the department was able to collect the actual amount estimated, it would total $2.5 million. With compliance problems, it has been closer to $1.5 million. The legislative subcommittee worked on educating judges over the past year. The Trust Fund Advisory Board, Legislative Subcommittee, and Lead Agency have all conducted periodic trainings.

Alabama's DUI fees vary depending on such things as a) whether it is the first, second, or third offense, and b) whether the offense is appealed or upheld. Some trust funds receive an increase in money if there is an increase in fines. In Alabama, DUI fines start at $600. The program receives $100, following court costs and a $100 allocation to the Chemical Defense Trust Fund. Starting at the bottom in priority for collections, the program benefited from an amendment in 1997 which moved it up in priority but collections have always been lower than projected.

Startup: The startup process took about 1 year. Collection of funds began while program specifics were still being decided.

Advisory Board: The task force referred to is also the advisory board. It consists of top management from various State departments, the hospital association, and Governor's Office. Meeting quarterly, it provides program oversight and approves the budget before it is presented

at budget hearings. A professional and a consumer from each funded program make a presentation about the program's benefits to the Board. A Trust Fund Council sets policy which must then be approved at a public hearing and entered into the Alabama code. An attorney from the Alabama Department of Rehabilitation Services handles this function.

Program Administration: The trust fund program is administered by the Alabama Department of Rehabilitation Services.

Funding Priorities: Programs were established based on needs assessment. Most of the dollars are directed towards salaries in the various program components. Priorities include:

- A registry - $25,000
- Resource Coordination through the Head Injury Foundation (HIF) -$800,000 for salaries and support funds with 20 percent directed to administrative overhead. The sum of $500,000 is set aside for housing. The Head Injury Foundation obtained funding from the U.S. Department of Housing and Urban Development (HUD) for two apartment complexes and redirected funds to resource coordinators.
- An Interactive Community Based Model (ICBM) - $400,000 for six care coordinators
- An Independent Living Program - $200,000 for client services
- Extended Support in Supported Employment -$10,000

Eligibility Criteria: Each program component has its own eligibility criteria:

- *Registry* – persons admitted to a hospital with moderate or severe brain or spinal cord injury, as defined by ICD-9 codes
- *HIF Resource Coordination* – documented brain or spinal cord injury
- *ICBM* – TBI occurring within 2 years of applying for the program
- *Independent Living* – deficits in seven activities of daily living. Covers only new program applicants
- *Extended Support* – Anyone with TBI in the supported employment program

Program Operation and Restrictions:

- The Registry helps link consumers to services.
- The HIF Resource Coordination Program utilizes eight coordinators to assist consumers in accessing necessary supports.
- ICBM has six adult care coordinators who help individuals acclimate to the community, work on pre-vocational goals, or prepare for educational opportunities.
- Independent Living assists consumers with certain services such as home modifications or other adaptations.
- Extended Support provides long-term follow-up for individuals in the Supported Employment Program.

Emergency Requests: The program does not address emergency requests.

Most Requested Service or Support: Attendant care

Number of Individuals Served Annually – Information & Referral: 1,230; service coordination: 1,318, and direct services: 218

Average per person Expenditure: This is unknown and would be difficult to calculate, given the broad scope and diversity of the program.

Waiting List: A waiting list is not maintained.

Program Evaluation: All of the programs are evaluated once a year using satisfaction/quality of service surveys. Case managers also provide feedback. There have never been any complaints from the Governor's Office. The amount of money the HIF has been able to leverage is a good indicator of the program's success.

Program Changes: The source of revenue or amount of fines has not changed. As previously discussed, the estimated revenue has changed as result of a) collection problems, and b) housing funds having been redirected to resource coordination. Staff would still like to see an evaluation process more specific to TBI, find another way to earn money, and address neurobehavioral issues. A subcommittee is currently addressing this last item.

Advice to Other States:

- Make sure you have a secure funding stream that cannot be altered.
- Maintain a constant vigilance over your dollars.
- Seek funding from multiple sources or infractions.
- Teach your consumers how to "fish." Do not do it for them.

Additional Information: The trust fund is administered on the basis of legislation rather than policies but administrative rules are available to those interested. Contact Maria Crowley, TBI/SCI Registry Coordinator, mcrowley@rehab.state.al.us. Also, see http://www.ahif.org/resource_coordination.htm.

ARIZONA

Background: Based on encouragement from a legislator who had a family member with TBI and interest of the Arizona Department of Economic Security, the Governor called for a task force in 1989 to study and report on the needs of persons with brain injury. In 1991 their recommendations included formation of an Advisory Council on Spinal and Head Injuries and development of a trust fund. The task force studied Florida's trust fund program to determine which mechanisms would work well. Both the Rehabilitation Services Administration, which operates Vocational Rehabilitation (VR) and Independent Living (IL) Programs, and the State Department of Health (DOH), knew that the needs of persons with TBI were not being adequately met. The health statistics section of the DOH was able to provide information demonstrating the need. There were also legislators who had family members with TBI. These groups became allies in working toward the common goal of improving the service system. At first, the focus was on head injury but expanded to include spinal injury because of the commonality of external trauma and inadequacy of services. The Brain Injury Association certainly provided a community voice but the Task Force Report to the Governor and legislature, filed by the Department of Economic Security, resulted in the bill.

Legislative Authority: AZ Revised Statutes 41-3201, 3202, and 3203 speak to formation of the Advisory Council and purpose of the trust fund. Both statutes 12-116.02 and 36-2219.01 address funding and assessments. Legislation was introduced and ratified in 1992, taking effect in 1993.

Revenue Source and Collections Process: Initially, there were varying surcharge rates depending on the infractions; for example, $2 for every mile over the speed limit on speeding tickets. Enforcement, collection, and distribution were complicated. In 1994 the Surcharge Consolidation Bill passed, creating a uniform surcharge system. All the surcharge revenues were combined with each entity receiving a specific percentage.

Beginning September, 1995, a penalty assessment in the amount of 13 percent was levied on every fine, penalty and forfeiture imposed and collected by the courts for: criminal offenses and civil sanctions imposed and collected for a civil traffic violation and fine; penalty or forfeiture for a violation of the motor vehicle statutes; any local ordinance relating to the stopping, standing or operation of a vehicle; a violation of the game and fish statutes, and; any other penalty assessment provided by law. The assessment is placed in a Medical Services Enhancement Fund. The Spinal and Head Injuries Trust Fund receives 22 percent of the monies that are deposited. Other beneficiaries include EMS, and Alcohol & Drug Education Programs.

The Supreme Court administers the collection process and deposits monthly the appropriate share into a State Treasury Department account. The Department of Economic Security has a line item in its budget for the trust fund. The executive director of the Advisory Council on Spinal and Head Injuries receives a monthly statement. This is a mandatory process, established in statute, with computerized calculations. There are provisions for judges to waive fees under certain circumstances.

Revenue is estimated at $2 million each year. There has been no shortfall in projections. However, early on, a mistake was made in calculating the share due the trust fund which created a shortfall. The executive director had to get the support of the Supreme Court, the Department of Economic Security, and other beneficiaries of the surcharge system to rectify the deficit. Council members had to get legislators to introduce a new bill in 1995 officially correcting the percentage.

Since 1999, there has been a requirement for the legislature to appropriate the funds to the administering agency.

Startup: Legislation was passed in 1992. During 1993, the newly created Advisory Council met monthly to establish a plan for program operation. The Executive Director was hired in 1994.

Advisory Board: The Governor's Advisory Council on Spinal and Head Injuries was created concurrently with the trust fund.

Membership consists of:

- Five people appointed by the Governor who are parents, spouses or guardians of persons afflicted with spinal or head injuries
- Four physicians appointed by the Governor who represent the professional community of spinal or head injury rehabilitation
- Four people appointed by the Governor who are allied health professionals or administrators of spinal or head injury programs
- Three individuals appointed by the Governor representing the general public
- The Director of the Department of Economic Security or the Director's designee
- The Director of the Department of Health Services or the Director's designee

Outlined in statute, duties are:
1) Advise appropriate State agencies, the Governor, and legislature on matters and issues relating to spinal and head injuries and rehabilitation.
2) Review and make recommendations, plans and strategies for meeting the needs of persons with spinal or head injuries on a statewide basis.
3) In cooperation with all related organizations, conduct a comprehensive program of professional and public education to heighten awareness of the capabilities, potential, and needs of persons with spinal or head injuries.
4) Serve as a repository of information on spinal or head injuries, referral procedures, and demographics of injury.
5) Monitor programs and services for persons with spinal or head injuries to encourage efficient, coordinated use of resources.
6) Develop plans for expenditure of the Spinal and Head Injuries Trust Fund, in accordance with guidelines established in Statutes 41-3203.

Program Administration: The Arizona Department of Economic Security is the agency that administers the trust fund and has a line item in its budget, but; the Governor's Council on Head and Spinal Injuries is responsible for the day-to-day operation of the trust fund in partnership

with its agency beneficiaries. The Executive Director is an employee of both the Council and Department of Economic Security.

Funding Priorities: Priorities for funding are negotiated through contracts with partnering agencies. Presently, they are 1) public information, prevention and education of the general public and professionals, 2) rehabilitation, transitional living, and equipment necessary for daily living, and 3) disease surveillance system and statewide referral services for those with head injuries and spinal cord injuries. Also, 14.85 percent of the budget goes to operating expenses.

Eligibility Criteria: Eligibility is based on each partnering agency's specific program eligibility guidelines. The Children & Teens Program provides services for young people between the ages of one and twenty-two, at which age they can continue either the VR or IL program if necessary. Request for program services must be made within 2 years of the injury.

Program Operation and Restrictions: The trust fund supports services coordination for 1) vocational rehabilitation, 2) independent living rehabilitation services, and; 3) children and teens at the Office for Children with Special Health Care Needs. This program was started with a Health Resources and Services Administration (HRSA) Implementation Grant.

The VR program has four full-time and two half-time positions dedicated to brain and spinal injury services. The IL program has seven counselors and there are fifteen Children & Teens Service Coordinators (one in each of fifteen counties). All three programs have bank accounts to distribute funds that benefit consumers. Any program restrictions relate to those that might be imposed by participating agencies.

There is a contract with the Brain Injury Association (BIA) for Independent Living Rehabilitation, support for resource teams through the U.S. Department of Education, and some prevention activities in conjunction with National Highway Traffic Safety Administration projects. The trust fund will be picking up support of the surveillance system. Although it currently funds programs, the administering agency is exploring the use of vouchers.

Emergency Requests: N/A

Most Requested Service or Support: Cognitive retraining for the VR program and vehicle modification for the IL program.

Number of Individuals Served Annually: More than 3,000 receive case management, some portion of which also receives direct services. Over 18,000 receive information and referral services from the Brain Injury Association (BIA).

Average per Person Expenditure: The mean expenditure for the IL program for FY 2002 was $10,766. The mean expenditure for the VR program for persons successfully employed was $19,874 and $4,900 for those not successfully employed. These figures represent a combination of Federal funding and trust fund revenues. Data for the children's program is not available.

Waiting List: There is no waiting list. Participating agencies may have their own.

Program Evaluation: The administering agency conducts family focus groups where families are given an opportunity to share how they have been helped. They report that life is "saner." Each year, staff talks to counselors and program recipients to assess their satisfaction with the program. Consumers report overall satisfaction with the program and their service providers. Staff report satisfaction with flexibility of the program, good team work, and supportive families. The executive director feels good about the program because it has improved the service system. She believes that partnering with multiple agencies to enhance programs has been more effective than relying on money from the Governor's Council.

Program Changes: There have been no changes in the source or amount of fines though the formula for distribution was changed with uniform surcharge legislation. Revenue was altered the first year because of the mistake in calculations previously discussed. One year, some funds were diverted from the account to assist State trauma centers. The number of partnerships has increased and staff has expanded accordingly. The executive director would like to see some fiscal accounting processes streamlined to make the whole system work better and effect the most leverage. She also wants a mechanism that can increase revenues in direct proportion to population growth.

Advice to Other States:

- Recognize that many folks with brain injury are already in your service system. Ask yourself, how can I get the best outcome for them?
- You do not necessarily have to create a whole new program. Focus on improving what you already have in place. Leverage your resources to make the most available for the most people.
- Think evaluation from the beginning. From the outset, get input from others in designing the program.
- Balance passion with strategic planning.
- Build trust and commitment.
- Work for the long-haul, not the short-run.

Additional Information: There is a strategic plan that can be shared. Contact Chrystal Snyder, Executive Director of the Governor's Council on Spinal and Head Injuries, csnyder@azdes.gov. Also, see http://www.azheadspine.org.

CALIFORNIA

Background*:* Members of the California Rehabilitation Association, consisting primarily of hospitals, were frustrated by the number of individuals with TBI who had no source of income to pay for post-acute services. They advocated legislatively for a trust fund. It took three attempts to get the legislation passed.

Legislative Authority: Senate Bill 2232, Chapter 1292 of the California Code, ratified in 1988. Funding for the TBI Fund is now found in the Penal Code, 1999 amendments. The program description is found in the Welfare and Institutions (W&I) Code. Chapters 1292 and 1023 are bills which modified program requirements in the W&I Code.

Revenue Source and Collections Process: Initially, $7 out of every $10 in fines for vehicle code violations, and criminal and civil infractions, was deposited into an Assessment Fund. An additional $2 surcharge or penalty assessment on first offenses and $5 surcharge on subsequent offenses were transferred to the trust fund not to exceed $500,000 annually. This legislation was amended in 1999. The Assessment Fund is now known as the State Penalty Fund. County clerks collect fines and retain 30 percent for deposit into the county general fund and transmit 70 percent to the State Treasury for deposit in the State Penalty Fund. Fines are set and non-negotiable, so non-compliance by judges is a moot point. If there are additional fines over and above those that are set legislatively/administratively, the Judge can ask that those amounts be designated for specific purposes. The trust fund program is trying to get on this "preferred list."

The trust fund receives 0.66 percent of revenues of the State Penalty Fund. The $500,000 cap was removed. The State Treasurer allocates the proper amount into the State Department of Mental Health Trust Fund account on a monthly basis. The Governor must include appropriation for the trust fund in his budget to the legislature each year. The fund can receive Federal dollars including matching funds from Federal, vocational, rehabilitation services funds, or endowments.

Estimated revenue is now at $1,000,000. However, the actual amount collected has gradually decreased over the past 3 years. Reasons for the decline are unknown and under review.

Startup: Startup took about 2 years**.** Once the legislation was passed, the administering agency had to draw up requests for proposals and review the bids. The first four contracts were awarded in 1990.

Advisory Board: Amended legislation passed in 1999 calls for the department to convene a working group of representatives, selected by the Governor and comprised of:
1. A survivor currently using program services
2. Two family members
3. BIA
4. Staff or individuals with TBI from each of the first four sites
5. Caregiver Resource Centers
6. California Foundation for Independent Living Centers
7. Public Interest Center for Long-term Care

8. California Rehabilitation Association
9. A survivor's organization
10. Staff from the Department of Rehabilitation, Department of Health Services, and other State agencies as needed.

Responsibilities include a) writing requests for proposals, b) selecting contractors, c) collecting uniform client data, d) setting-up independent evaluation, e) making recommendations for project implementation and improvement, f) developing prevention strategies, and e) training of peace officers.

Program Administration: The State Department of Mental Health

Funding Priorities: The law states that funds will be dispersed to vendors who can provide necessary services through a request for proposal (RFP) and competitive bidding process. Initial legislation called for the development of four, 3-year demonstration projects to address supported employment, day treatment, and supported living needs of adults with acquired brain injury. At that time, there was a $500,000 cap on available funds. Legislation was amended in 1999, increasing the proportion of the fines available to the trust fund by removing the cap. Legislation also called for ongoing commitment to the four original sites through a competitive bidding process, and selection and development of four additional sites contingent upon funds. Legislative language was changed to focus activities on vocational supportive services, community reintegration services, supported living services, information and referral, and public and professional education. There are now seven contractors who benefit from the trust fund. Each contractor gets a $150,000 award which is renewed yearly.

Legislation also calls for the department to convene a working group to develop RFPs and evaluate bids. This group functions as an advisory council.

Eligibility Criteria: Recipients must be at least 18-years-old, have a documented traumatic brain injury, appear to benefit from services, and be willing to participate in the development of goals and receipt of services.

Program Operation and Restrictions: Seven contract agencies provide services and service coordination to recipients. Service coordinators help the consumers assess their service needs and develop a plan for addressing them. There is not a budget breakdown for service coordination as all consumers benefiting from the program receive it. The trust fund has a core set of services it must offer eligible adults: supported living; community reintegration; vocational support; information and referral, service coordination, and; public and professional education. These are either provided by or arranged by the contractors. Each site is required to provide 20 percent cash or in-kind match for the program. At least 51 percent of consumers accessing the program must be Medi-Cal eligible or have no other identified third-party funding source. The program also funds a nationwide toll-free hotline.

An average 5 to 10 percent/per contract is spent on operating expenses.

Emergency Requests: There is no procedure for processing emergency requests.

Most Requested Service or Support: Counseling and support groups

Number of Individuals Served Annually: Services coordination 630, I&R over 10,000, and training and education 3,000

Average per Person Expenditure: Unknown

Waiting List: The program does not maintain a waiting list.

Program Evaluation: The administering agency is required by statute to collect data that will enable it to properly evaluate the program and consumer outcomes. The evaluation tests program efficacy in the following areas: 1) degree of community integration achieved by clients, 2) improvement in consumer's pre-vocational and vocational abilities, educational attainment, and job placements, 3) consumer and family satisfaction with services, 4) number of consumers, families, and professionals who have received TBI education/training and documented outcome, and 5) the extent to which participating programs result in reduced state costs for institutionalization (if the estimate can be obtained within a cost of 10 percent of funds allocated for the evaluation). The evaluation is conducted by an independent outside evaluator. The agency is working on outcome measurements.

Consumers report that they would not be doing well without these services.

Program Changes: Revenue sources have not changed. The amount of revenue deposited into the trust fund varies, as previously discussed. As California's population continues to grow, so will the need to generate increased revenue into the account. Contractors are seeking endowments and holding fund raisers to increase their budgets.

Advice to Other States: Make sure your source of revenue is a stable one.

Additional Information: Contact Peter Best, Project Coordinator, Department of Mental Health, peter.best@dmh.ca.gov.

COLORADO

Background: Theresa Hernandez, a professor and researcher at the University of Colorado, shared a cab at a professional conference with someone from the State of Kentucky. The Kentucky representative shared information with her about the KY TBI trust fund. Returning to Colorado and excited about the possibilities, Theresa contacted some legislators and the now-retired manager of the State Behavioral Health Program, George Kawamura, about the idea of a trust fund in Colorado. Theresa, George, and involved legislators borrowed what they heard from Kentucky about tying the source to DUI or speeding infractions. Since many brain injuries are caused by DUI and other traffic-related offenses, this revenue source resonated with legislators. BIA became involved and was supportive. Theresa drafted a proposal which was ultimately condensed into a Bill by legislative staff. It passed the first time it was introduced.

Legislative Authority: Colorado Revised Statutes 26-1-301 through 26-1-311, ratified in 2002.

Revenue Source and Collections Process: $10 assessment on Speeding and $15 assessment on Driving under the Influence or Driving with Impaired Ability. The Colorado Department of Human Services was able to get some history of the number of infractions and then estimate a compliance rate among the courts, including those they knew would not immediately be 100 percent compliant. Money is collected by courts, municipalities, and the State Revenue Department, depending on the type of agency writing the ticket, and transferred either directly to the Revenue Department or sent by check to the Department of Human Services Accounting Office. Money is appropriated into the program budget by the legislature in order to have spending authority. Afterward, letters were sent to the Municipal Courts and County Clerks advising them of the legislation. One and a quarter million dollars were collected the first year and approximately $1.5 million is expected for FY 2005. Thus far, the program is realizing $120, 000-$130,000 each month.

Startup: The program has become operational in stages. The trust fund board, authorized in statute at the same time, began meeting unofficially near the end of 2002 and was confirmed by the Senate in March 2003. Per legislation, revenue collections began in January, 2004 and the program was rolled out in stages. The Children's Care Coordination Program began in July and Adult's Care Coordination Program began in October. To stimulate activities and interest in the program, brochures have been provided to hospital emergency departments, support groups, the provider community, and school nurses. Information about the program is available on both the BIA and the agency website. The Denver NBC television affiliate recently featured the trust fund throughout 2 hours of afternoon/evening news programming.

Advisory Board: The trust fund Board is established through legislation. It is a decision making board, not an advisory board. It decides how the funds will be distributed and has subcommittees that are actively involved in each component.
The Board has thirteen seats:

- Director of the Department of Human Services or designee
- Director of Department of Public Health and Environment or designee
- President of the statewide TBI advocacy organization (BIA)

- Six gubernatorial appointees, all of whom are confirmed by the Senate and must have experience with TBI:
  1. a neurologist,
  2. a neurosurgeon or neuropsychiatrist
  3. a neuropsychologist;
  4. a social worker or clinical psychologist;
  5. a rehabilitation specialist (OT, PT, S/L, VR);
  6. a clinical research scientist;
- Two individuals with TBI or family members, and
- Two members of the public involved in brain injury issues.

Program Administration: The Colorado Department of Human Service's Office of Behavioral Health and Housing administers the program but it contracts out various components. Currently, service pieces go to the Brain Injury Association (BIA), Department of Public Health and Environment, and Goodwill Industries.

Funding Priorities: Legislation prescribes that 65 percent of the budget be devoted to services (eligibility determination, care coordination and services); 30 percent to research; and 5 percent to education. BIA determines eligibility and refers to care coordination. Research grants are based on an RFP process. A lot of in-kind support has been provided from within the State agency. An estimated $113,000 is directed to supplies and other administrative supports. The program supports one full-time employee (FTE).

Eligibility Criteria: Individuals must be Colorado residents, have a medically documented brain injury resulting in impairment of cognitive or physical function, and not have health or rehabilitation benefits that pay for needed services. The BIA establishes eligibility under contract with the administering agency.

Program Operation and Restrictions: Case management, or care coordination as it is called, is the cornerstone of the program and is provided to each eligible individual. The care coordinator helps identify service or support needs, resources, and benefits for which each person may be eligible. The care coordinator does not distribute funds for services directly to consumers. Services are delivered under a purchase of service agreement. About one third of the service budget is directed to care coordination and two thirds to additional services. The program pays for care coordination, a mandatory service, and many optional services, 12 of which are identified in statute as examples. Those are 1) community residential, 2) structured day services, 3) mental health/psychological, 4) prevocational, 5) supported employment, 6) companion, 7) respite, 8) occupational therapy, 9) speech/language therapy, 10) physical therapy, 11) cognitive therapy, and 12) one-time home modifications. It will not pay for hospitalization, institutional placements, or medications. It is the payer of last resort. Care coordination for children has been provided by the Department of Public Health and Environment through 14 regionally based local agencies that already have case managers for special needs children. Care coordination for adults is provided by Goodwill Industries.

There is a $2,000 yearly cap on purchased services, above the cost of care coordination. No lifetime caps have yet been established.

The Colorado Department of Human Service contracts with BIA for eligibility determination (part of the 65 percent of the budget set aside for service related activities). Then, 30 percent of the budget supports research into the treatment and understanding of TBI and 5 percent supports education of families, educators, and non-medical professionals. The research committee of the Board designed and distributed requests for proposals for research projects. The agency received eleven letters of intent and seven proposals, five of which will be funded this year. For the education piece, the agency intends to contract with someone who can help design and provide an education program, conduct some outreach, and develop and distribute educational brochures.

Emergency Requests: At this time, there is no policy for dealing with emergency requests.

Most Requested Service or Support: There is not enough history yet to determine this for adult services. No children's services, other than care coordination, have yet begun. There is an expectation that respite will be frequently requested.

Number of Individuals Served Annually: The program has not been in operation a full year at this time. Forty children were served in the 10 months and 175 adults in 7 months, since each component began operation.

Average per Person Expenditure: $900-$1,000 is spent on case management. Statistics on purchased services are not available yet.

Waiting List: There is no waiting list at this point.

Program Evaluation: The administering agency intends to conduct formal monitoring but has so far been preoccupied with implementation. The issue of monitoring and evaluation is next on the agenda. There may be a decision to contract for formal evaluation.

The administering agency is pleased with *how* the funds are being spent but not necessarily the speed *at which* they are being spent. As with any new program, it takes awhile to get all of the components in place before services can be delivered. A fund reserve is being built because services have not been delivered as fast as the money is coming in. As the program grows and more people hear about it, spending will increase and the reserve will be needed. The local television network recently interviewed an adult who had received support from the program and described how beneficial it was.

Program Changes: The program is continually reviewed informally and changes in scope or contracts will be made as needed. The children's component needs to become more established. It has been hard getting the children's services program going. Adults are utilizing the program with much greater frequency. Because of this, a budget adjustment was made, from a 60/40 split to a 70/30 split. As previously mentioned, there is a desire to contract out the public education piece.

Advice to Other States:

- Just do it.
- Having trust fund revenue tied to traffic issues helps legislators and others make the connection between the two and the resulting issues.

Additional Information: Contact Bill Bush, TBI Project Director, Department of Human Services, bill.bush@state.co.us. Also, see http://www.cdhs.state.co.us/tbi.

CONNECTICUT

Background: The BIA of Connecticut (BIA-CT) was dependent on a State grant. With fluctuating resources, it seemed imperative to look at additional ways to find resources. They looked at programs in Massachusetts, New Jersey and Florida and considered tying revenue sources to driver's registration fees, speeding tickets, and DUI infractions. It was decided initially to use speeding ($10 assessment) and DUI ($25 assessment) violations because of the connection to TBI.

BIA-CT hired both a long-time lobbyist and another with connections to the Governor. The first attempt died because there was no passionate legislator behind it. The lobbyists met with the Finance Committee of the Legislature and were advised to 1) get a passionate legislator to champion it, 2) be clear about how the funds would be used, and 3) lower the assessments to $5 on each infraction. Ultimately, the lobbyists worked with the Speaker of the House who was able to weave the legislation into a bigger transportation bill, passed without any real fanfare. Only the Governor's Secretary of Policy and Management was opposed to an "off -budget" item. When the bill became part of a larger transportation bill, the motorcycle rider association became afraid the money was going to be used to oppose their efforts to repeal helmet laws. BIA wrote a letter stating that trust fund moneys would not be used in that way.

Legislative Authority: PL 04-199, ratified 5/04/04.

Revenue Source and Collection Process: $5 assessment on reckless operation of a motor vehicle, DUI, and speeding. It has accumulated through the Judicial Branch. Revenue potential has already been reduced to $300,000 because of a problem collecting on out-of-state forfeiture of bonds. So far, BIA and the administering agency have only seen about half of the anticipated amount and are not yet sure why.

Startup: As of May, 2005, no decisions relative to formation of a trust fund advisory board, or operation of the program, have been made.

Program Administration: The program will be administered by the Connecticut Department of Social Services, under contract with the BIA.

Funding Priorities: This has not yet been determined. BIA anticipates the fund will be used for things traditionally not funded by another resource, such as: a .5 FTE resource coordinator to provide hospital outreach; some supports that address the social, emotional, and recreational needs of consumers; transportation, and: and waiver assistance planning. A clear understanding of what is happening with revenue receipts is needed to help guide the planning process.

Advice to Other States:

- Find and cultivate a relationship with a strong legislator.
- Determine in advance how your funds will be used, so you can justify them in the legislative process.
- Utilize the easiest-to-access revenue source for your State.

- Always be watchful and do not take for granted that the money is secure.

Additional Information: Contact Sylvia Gafford-Alexander, Acting Director, Department of Social Services, Sylvia.gafford-alexander@po.state.ct.us, or Julie Peters, Executive Director, Brain Injury Association of Connecticut , Julie@biact.org.

FLORIDA

Background: In 1978 the Florida Legislature established the Spinal Cord Injury Program within the Division of Vocational Rehabilitation (VR). The program began receiving general revenue funds to provide care to individuals with spinal cord injury not meeting Federal VR eligibility criteria. The Central Registry collected spinal cord injury data - including identifying information, descriptive medical information, and cause of injury - to identify incidence of injuries, justify requests for additional funding, and initiate injury prevention programs. Then, in 1985, the legislature mandated the division to receive reports on head injuries, and also create a head injury program and advisory council. Parents, select medical personnel, the BIA, and legislative friends joined forces to advocate for a trust fund with revenues benefiting both persons with head and spinal cord injuries. Initial legislation established the Impaired Drivers and Speeders Trust Fund. There were no stumbling blocks. Everyone was surprised and excited when the bill passed in the final hours of the session.

Legislative Authority:. Original legislation, ratified in 1988. Now FS 381.

Revenue Source and Collection Process: Initial funding was derived from a speed limit violation surcharge of $2 per mile and a $25 surcharge for a DUI conviction. Today's surcharge for DUI is at $60 and Boating Under the Influence has also been added. Fines on moving vehicles contribute 8.2 percent. Motorcycle specialty tags bring $5 and temporary license tags carry a $1 surcharge. Funds are collected by county clerks. The County Clerks Association has been very supportive and clerks are well-informed about their responsibilities under the law. The funds are remitted to the Florida Department of Highway Safety and Motor Vehicles and then distributed to the trust fund. The state deducts a 7 percent administrative handling fee. The Brain & Spinal Cord Injury Program is given specific budget authority each year, included in the DOH budget. The amount is based on revenues collected, trust fund balance, prior year expenditures, Medicaid waiver and subrogation reimbursements, and any additional allocations. Current revenue is about $17 million and receipts generally meet expectations.

Startup: The program became operational about 6 months after legislation was passed, but waited until the beginning of a new State contract year.

Advisory Board: Called the Brain and Spinal Cord Injury Advisory Council, its purpose is to a) assist the Division of Vocational Rehabilitation in the development, implementation, and periodic review of the Brain and Spinal Cord Injury Program, and b) ensure that eligible Florida residents, sustaining moderate to severe traumatic brain or spinal cord injuries, have the opportunity to get the necessary rehabilitative services to reintegrate back into the community.

Program Administration: Florida DOH and their Brain and Spinal Cord Injury Program.

Funding Priorities: The regional budget is determined based on a formula. Funding is restricted by statutes, and program policy and procedures. Some exceptions can be made by the Bureau Chief with appropriate justification. Services can only be obtained from an approved provider. Case managers are expected to use good judgment in providing services and to utilize

all available third party resources. All services should lead toward the goal of successfully reintegrating the individual back into the community. Of the $17 million program, approximately $2.7 million is set aside for salaries and $1 million for expenses. Seven million dollars are available to 21 case managers for purchasing client services.

Eligibility Criteria: To be eligible for the Trust Fund Program, an individual must be a legal resident of Florida, be medically stable, meet the State definition for spinal cord or moderate to severe brain injury, and be reasonably expected to benefit from rehabilitation services. The case manager works with the facility, client and family to determine eligibility for services. The hospital has the responsibility of notifying the case manager of any changes that would affect medical eligibility.

Program Operation and Restrictions: The trust fund is the payer of last resort. The Brain and Spinal Cord Injury Program can provide acute care, inpatient and outpatient rehabilitation, transitional living services, adaptive equipment, home modifications, peer mentoring, transportation, housing, and other services necessary for community reintegration. Services are provided through state designated and approved facilities. Case management is the primary service available to assist clients and their families. The role of case management is coordination of direct client services, including establishing eligibility and coordinating all third party resources. Individuals with a traumatic brain or spinal cord injury are referred to the Brain and Spinal Cord Injury Program, Central Registry, 1-800-342-0778. By law, every physician or representative of a public or private health or social agency is required to report these injuries to the registry within 5 days of the occurrence. The case is then referred to the case manager or nearest Children Medical Service's Brain and Spinal Cord Injury Program. The case manager will work with the facility, client and family to determine eligibility for services. Each quarter, a statewide system of 21 case managers are given individual client services budgets by their Regional Manager, upon approval of the Bureau Chief.

The Trust Fund Program provides grants, contracts, sponsorships, research, and prevention. Annual nursing home surveys are conducted toward providing home transition assistance. The Program coordinates well with other programs and attempts to fully utilize all other available resources when possible. Long-term community supports are funded through the Medical waiver, with a portion of the trust fund used to match it. There are no annual or lifetime caps on distributions.

Emergency Requests: Emergencies can be addressed but the preference is to authorize directly to a provider rather than give cash to a client. These kinds of issues are addressed on an individual basis.

Most Requested Service or Support: Inpatient rehabilitation, home and vehicle modifications, durable medical equipment (DME), and other assistive devices.

Number of Individuals Served Annually: Approximately 2000 newly injured individuals, including 300 under the waiver

Average per Person Expenditure: This is not calculated.

Waiting List: The program does not maintain a waiting list.

Program Evaluation: Staff thinks the model is good and is getting better with experience. A process for evaluating the trust fund program is being put in place. As the program has progressed, more emphasis has been placed on independence outcomes.

Program Changes: Constituents in the Tampa/St. Petersburg area initiated the bill to increase DUI to $60 per conviction and added Boating Under the Influence. The bill was supported by the Advisory Council, the Brain Injury Association, the Spinal Cord Injury Resource Center, designated facilities, and others. With their full support, Senator Sullivan championed the bill.

In 1992 the Florida Legislature renamed the Impaired Drivers & Speeders Trust Fund to the Brain and Spinal Cord Injury Rehabilitation Trust Fund, merging the Head Injury and Spinal Cord Injury Programs to form the Brain and Spinal Cord Injury Program. In 1999 the legislature passed legislation transferring the Brain and Spinal Cord Injury Program, the Central Registry, and Advisory Council from the Department of Labor and Employment Security to the Department of Health, effective January 1, 2000.

Even though the administering agency has been fortunate to receive the level of support they have, there are still many unmet needs. Future efforts will focus on a) initiating funding for long-term, community-based, neurobehavioral programs, b) more emphasis on independence outcomes, and c) more coordination with Florida's seventeen centers for independent living.

Advice to Other States:

- Link and generate funding from sources that contribute to the incidence of the injuries.
- Project how much funding will be collected and have a clear plan on how to use it.
- Consumer groups should be actively involved in the process of identifying and prioritizing types of services needed from the trust fund. The legislative language should clearly reflect the intent.
- The State agency responsible for administering the trust fund must be committed to developing the program to address the unmet needs of individuals with traumatic brain injuries.

Additional Information: Contact Thom DeLilla, Bureau Chief, Thom_Delilla@doh.state.fl.us, or Kristine Shields, Program Administrator, Department of Health, Kris_Shields@doh.state.fl.us. Also, see http://www.doh.state.fl.us/workforce/BrainSC.

GEORGIA

Background: Up until the 1990s**,** there was no dedicated source of funding for persons with brain or spinal cord injury. Several support group members investigated how services were being paid for in other States and determined that a trust fund was a viable resource. Since use of alcohol is often a factor in events that cause TBI/SCI, making persons convicted of DUI contribute a portion of their legal fine to such a trust fund, was appealing. The coalition of advocates for trust fund legislation recommended this scenario. In the early to mid-1990s, support group members worked on developing strong grassroots support for development of a trust fund. Their stakeholders included folks from the medical community, families, survivors, and others, all working statewide to gain support of their legislators and keep momentum going. Everyone was kept informed about the progression of efforts and status of legislation. Support group members and their coalition of advocates were the driving force. BIA was involved but it was not a BIA bill. Several attempts were made over several years before the enabling legislation was passed.

Legislative Authority: Official Code of Georgia, Annotated, Section 15-21-140-152, ratified in 1998.

Revenue Source and Collection Process: The source of revenue is a 10 percent surcharge on fines for DUI convictions. At the local level, a judge imposes a sentence and adds 10 percent to the fine. Clerks collect the fines and send the money to the Georgia Superior Court Clerks Authority (SCCA). They deposit the appropriate amount into the state treasury on behalf of the trust fund. Because the appropriation is not automatic, The Trust Fund Authority must ask the legislature for it yearly. It took a few years to get the program operational so there is a cash reserve. In order to tap into it, the Governor has requested a strategic plan for how the money will be spent. The University of Georgia is assisting the Trust Fund Commission with the development of the plan.

There have been problems with non-compliance - collections are starting to fall short - but this is mainly because local courts are not aware of the trust fund legislation. The Trust Fund Authority now contracts with the Superior Court Clerks Authority to educate local courts, determine which ones are not complying, and intervene when necessary. Previously, when a defendant could not pay the full fine, the amount that was paid was split evenly between various entities entitled to a share. Courts are now starting to enforce use of a Partial Payment Priority List whereby entities at the top of the list are first in line to get their full share. Unfortunately, TBI/SCI is at the bottom of the list and may not receive any funding when a defendant cannot pay the full fine. Revenue has been at $2.3 million. It will go down to $2 million because of the partial payment practice.

Startup: It took about 4 years to get the program fully operational. Once legislation was passed, the State had to call for a public referendum to gain support for the trust fund and amend the State constitution. Then the Commission had to be appointed, problems with fund distribution resolved, staff hired, and policies developed.

Advisory Board: The Trust Fund Commission is a 15-member body consisting of ten appointed by the Governor (seven survivors or family members and three persons recommended by BIA, providers, or hospitals/rehabilitation centers) and five from State agencies. It oversees administration of the program and funds distribution.

Program Administration: The Trust Fund Commission is a stand-alone agency that was authorized in the trust fund legislation. It is administratively housed under Georgia's Department of Human Resources for payroll purposes but does not report to that agency. It reports directly to the Governor. The Commission administers the program and does not contract out any portion of it.

Funding Priorities: Requests for funds must fall within the Commission's priorities to 1) promote independence, 2) foster inclusion, 3) offer choice, and 4) promote self-determination. The service or support that is being funded must be sustainable and not create dependency. In addition to funding individual consumer needs, the trust fund contracts with BIA ($50,000) to assist with support groups and provides $150,000 to the assistive technology program to make low interest loans available to persons with TBI/SCI. The Trust Fund Commission has just assumed administration of the Registry. This is currently funded with an HRSA grant. When grant funds end, there may be an expectation that the trust fund will also fund its operation.

Twenty-four percent of the budget is set aside for operational expenses.

Eligibility Criteria: To be eligible, one must be a resident of the State, have a documented TBI or SCI, and exhausted other resources.

Program Operation and Restrictions: The program is the payer of last resort supporting individual consumer needs. The money is appropriated on a per capita basis to ten public health districts. The amount of money appropriated to a given district dictates the number of persons living within it who may benefit from the trust fund. A six-member trust fund committee - consisting of BIA, consumers/family members, a case manager, and vocational rehabilitation- meets monthly to review staff recommendations and send their recommendations on to the Commission. The Commission reviews them, sending their recommendations on to the Governor for final approval. Decisions must be made within 4 to 6 weeks of application.

The trust fund will pay for almost anything that is in keeping with the four priorities as long as there is not another resource that will pay for it. Examples of services/supports include: information & referral; employment related expenses, housing, healthcare, assistive technology, transportation, recreation, respite, and rehabilitation therapies.

There is a $5,000 annual cap but no lifetime cap. The University of Georgia has recommended development of a person-centered plan - calling for extra needs assessment and possible assistance from other sources - upon an individual applying to the program a third time. They are very interested in adding a resource coordination component to the trust fund program so that staff can work locally with applicants, exploring the best way to meet their needs. The Commission feels, this way, money can be saved and more people reached.

Emergency Requests: There is no emergency request provision.

Most Requested Service or Support: Transportation and attendant care

Number of Individuals Served Annually: 350+ during 2003-04

Average per Person Expenditure: $4,100

Waiting List: The program does not maintain one.

Program Evaluation: The administering agency conducts a satisfaction survey but does not have a formal evaluation process. The commission and staff feel good about the way funds have been spent and believe that the program has promoted community inclusion.

Program Changes: While there has been no change in source of revenue or amount of fines, revenue has started to decline, as previously thought. The administering agency believes that the program can improve if moved to a resource coordination model. It uses the services of the Human Development and Disability (HDD) Program at the University of Georgia as a "think tank." The HDD Program recommended a person-centered plan be developed for each individual who has applied for funds at least three times. Also under consideration is raising the cap on certain services and supports - such as home modifications, transportation, and attendant care - rather than providing a flat allocation for all. Negotiations are underway with the Governor's Office to remove the requirement that his office give final approval to requests for funds.

Advice to Other States:

- A strong grassroots effort is critical.
- Having a statewide referendum has been very beneficial because its passage acknowledges broad program support and puts safeguards in place with the trust fund in the constitution.
- Research a variety of State trust fund models to see which one best matches your intentions.
- Keep your focus on consumer independence.

Additional Information: Contact Kristen Vincent, Executive Director, Brain & Spinal Injury Trust Fund Commission, kevincent@dhr.state.ga.us. Also, see http://www.bsitf.state.ga.us.

HAWAII

Background: Before 1997, advocates were seeking a funding source to pay for services for persons with brain or spinal cord injuries. The Hawaii Department of Health (DOH) thought it was premature to seek funding when it did not have adequate information about the number of individuals sustaining injuries or their service needs. In 1997, as a first step, the department secured matching funds via legislation to a) operate a federally-funded HRSA Planning Grant which would focus on learning more about persons who have sustained brain injury and their service needs, and b) establish a TBI Statewide Advisory Council. Once Federal funding for a planning grant was secured and activities associated with the grant underway, the department sought legislation to establish a Neurotrauma Fund. The BIA and TBI Advisory Council members assisted in advocacy.

Legislative Authority: HRS 321-H, ratified in June 2002.

Revenue Source and Collections Process: Revenue is derived from a surcharge on several traffic fines. The surcharge is collected by the Judiciary and deposited monthly into a special account for use by the DOH's Developmental Disabilities Division. The funds do not have to be appropriated by the legislature. The Judiciary initially estimated yearly revenue at $1 million but cautioned that a lower amount, closer to $600,000, would be more realistic. This is due to court reduction in fines and some defendants' failure to pay fines. When the collection process first began, revenues were less than projected. However, during the past 6 months, they have been higher than estimated, possibly due to "Click it or Ticket" and other statewide campaigns clamping down on traffic offenders.

Startup: Legislation was passed in June, 2002, and revenue collections began in January, 2003. Some activities have been a natural evolution from HRSA grants so it is hard to say at exactly what point the Neurotrauma fund began to pay for them.

Advisory Board: There is a Neurotrauma Advisory Board established in legislation (Act 160). The Director of the DOH appoints members who serve 4 year terms. Up to 21 members can serve on the board, whose function it is to establish spending priorities for the fund and provide advisory oversight of program operation. Board composition is as follows: five persons who have survived a neurotrauma or their family members; two persons who have survived a stroke; two persons representing BIA; two persons representing the Spinal Chord Injury Association; one TBI Advisory Council member, three private providers, one trauma center representative, and five at-large members. The Advisory Board has three subcommittees: Education, Registry, and Fund Distribution.

Program Administration: The Neurotrauma Fund is administered by the Developmental Disabilities Division at the DOH.

Funding Priorities: Established by legislation, priorities include development of an incidence/prevalence registry, education and public awareness, and service coordination. The Neurotrauma Advisory Board holds an annual retreat where goals and funding priorities are

discussed and a yearly plan developed. Funds have been used to support a BIA annual conference, an injury prevention conference, and various public awareness efforts. Also, the salaries of three staff members who provide service coordination and other program functions, have been funded. Per legislation, no more than 2 percent of annual revenue may be used for administrative expenses.

Eligibility Criteria: The program is focused on adults injured after the age of 22 who cannot benefit from other developmental disability programs. A physician must document that the individual had a stroke, traumatic brain injury, or spinal cord injury.

Program Operation and Restrictions: The fund is not used to pay for services per se but for activities that assist individuals in getting the services they need. At the core of the service coordination component is the statewide HelpLine. Staff is assigned to take calls through the HelpLine, evaluate need, develop a person-centered plan, and help individuals access services. Presently, there are no money restrictions helping people access services. The board has discussed setting a $5,000 cap in the future if it appears that a restriction needs to be made. A registry is not yet in operation.

Emergency Requests: There is no formal policy.

Most Requested Service or Support: Housing

Number of Individuals Served: Approximately 75

Average per Person Expenditure: N/A

Waiting List: N/A

Program Evaluation: A formal evaluation of the program has not been done. However, there will probably be some consumer satisfaction surveys in the future. The Board and staff feel they have established the right priorities but would like to see more consumers and family members utilizing the program.

Program Changes: Since its inception, there have been no formal changes in the way the program has been implemented. However, annual planning retreats provide an avenue for program changes as needed. In an attempt to reach more consumers, there will be greater emphasis on marketing the program and on outreach to families. The department would like to acquire a general revenue source to pay for salaries so that all of the Neurotrauma Fund revenues can support consumer needs and other agreed-upon priorities.

Additional Information: Contact Aaron Arakaki, Division of Developmental Disabilities, aaron.arakaki@doh.hawaii.gov, or see http://www.hawaii.gov/health/disability-services/neurotrauma/index.html.

KENTUCKY

Background: Before 1998, there were no sources of funding to meet the needs of persons with TBI. Family members were frustrated and weary from lack of support. Two women, who were family members of persons with brain injury, began a trust fund advocacy effort. They were relentless in talking with and ultimately convincing legislators, the Governor, and government department heads.

Kentucky looked at what other States were doing and spent considerable time with the Executive Director of the Head Injury Foundation of Alabama learning about their program. The funding mechanism was initially modeled after the Alabama program, which was supported by a surcharge on DUI and other traffic violations.

Legislative Authority: KRS 211.470-478, ratified in 1998. There are still some legislators who consider a surcharge or fine to be a tax and believe that advocates should instead ask for appropriations.

Revenue Source and Collections Process: The trust fund receives 5.5 percent of the court costs on all infractions not exceeding $2.75 million. Court cost is a flat $100 fee. The trust fund also receives 8 percent of the increase in the cost of DWI Driver School tuition. The court system currently counts the number of summons and multiplies that number by court cost and then by 5.5 percent. However, legislation does not restrict revenue to court costs. The trust fund can also receive revenue from grants and appropriations. It is a non-reverting fund and any interest earned can be maintained.

Initially, county clerks were responsible for collecting the fines, calculating the percentages due to various agencies, and distributing the funds. They became overwhelmed, and after the second year of the program, asked for relief from this responsibility. Now, all collections are sent to the Department of Finance to calculate the percentages and distribute funds. While collections generally fall short of projections, judges do not have the latitude to waive court fines because the legislation prevents them from doing so. Current estimated revenue is $3.3 million.

Startup: Once enabling legislation was passed, it took about a year for the program to become operational. The process included appointing an advisory board, promulgating rules of operation, and choosing a fiscal intermediary to operate the program.

Advisory Board: There is a nine-member board comprised of the Secretary of the Cabinet for Health Services, the Executive Director of the Brain Injury Association, the State Medical Epidemiologist, and six persons appointed by the Governor. Those six include a neurosurgeon, neuropsychologist or psychiatrist, rehabilitation specialist, social worker, and consumer/family members. Its duties are to a) promulgate administrative regulations, b) formulate policies regarding eligibility for assistance, c) investigate the needs of consumers, d) assist the cabinet in developing programs, e) monitor and evaluate services provided by the trust fund, and f) provide an annual report.

Program Administration: Responsibilities, written into the Administrative Rules (908 KAR 4:030), are: 1) establish a toll free telephone number, 2) conduct an educational awareness effort, 3) provide case management services, 4) accept applications, 5) establish a service plan review committee, 6) negotiate provider reimbursement rates, 7) distribute funds to recipients, guardians, or service providers, and 8) assist in development of local resources. The Kentucky Department for Mental Health and Mental Retardation contracts with a fiscal intermediary. A provider must accept the established rate and invoice the program within 12 months of service delivery.

Funding Priorities: Decisions and enabling legislation are based on recommendations that come from the Board. They are also cited in administrative rules. Current rules limit the amount to be spent on administration to 3 percent. The trust fund supports a registry, the amount of which cannot exceed $125,000 per fiscal year. Remaining funds are used for services designed to meet the community support needs of individual consumers. Of the $3.3 million in revenue, about $50 thousand supports the registry/data collection, 75,000 supports administration, and the remaining funds support consumer needs.

Eligibility Criteria: A child or adult must have a confirmed diagnosis of traumatic brain injury as defined in KY statute, reside in the community (not in a hospital or institution), and have no other payer source for the requested service, item, or support. When a child or adult applies for assistance from the trust fund, he/she must provide a copy of pertinent medical records. The statute governing the fund, KRS 211.470, defines TBI as a disability caused by 1) physical trauma, 2) central nervous system damage from anoxia, 3) hypoxic episode, 4) allergic reaction, 5) exposure to toxic substances, and 6) acute medical incidents. It does not include disability caused by strokes, spinal cord injury, progressive dementia, psychiatric disturbance, mental retardation, or degenerative conditions.

Program Operation and Restrictions: The Kentucky program supports the needs of individual consumers. Administrative rules require that case management services be provided. Case management is included as part of the service package and does not count against cost limits. When an applicant calls the Benefits Management Program, a case manager will return the call within 24 hours if not available at the time of call. The case manager assesses eligibility, identifies service needs and resources, determines if the trust fund is the payer of last resort, completes a service plan, and submits it to the service plan committee. The committee - whose minimum composition includes someone with a brain injury, or family member, and a professional with experience in the field of brain injury - confirms eligibility and assures that the service plan is appropriate.

The trust fund is the payer of last resort. It will pay for almost any service needed by the applicant that is not covered by any other payer source. There is a $15,000 limit per year and $60,000 lifetime limit. In addition to an array of services, it will pay up to $3,000 on the repair or purchase of a motor vehicle; up to 3 months rent or a mortgage or utility payment; health insurance for up to 3 months, and; up to $1,500 for a computer and software. It will not pay for medications, the cost of hospital or institutional care, attorney fees, court costs, or fines.

Emergency Requests: Trust funds may be released on an emergency basis when there is loss of a caregiver, loss of home or community placement, loss of a service provider, or imminent threat to the health and welfare of the applicant. The service plan committee must meet within 2 days of receipt of the request. Immediate family may be paid to provide care in an emergency situation not to exceed 60 days in a 12 month period or $1,000 in 30 days.

Most Requested Service or Support: Respite

Number of Individuals Served Annually: 1,000+

Average per Person Expenditure: Less than $3,000

Waiting List: There is a waiting list but it may be adjusted to accommodate emergency requests.

Program Evaluation: The administering agency conducts a satisfaction survey. There is not a formal outcome evaluation process because this is not a clinical program but, rather, a financial assistance program. Staff and advisory council members feel better each year about the program. The agency has tried to put the proper safeguards in place but also keep the program as flexible as possible.

Program Changes: The trust fund was initially supported by a surcharge on traffic violations. It is now supported by 5.5 percent of court cost (a flat $100 fee) on all criminal, civil, and traffic violations plus 8 percent of the increase in the DWI Driver School tuition fees.

Other program changes are 1) limiting the amount that the trust fund will pay for the purchase or repair of an automobile (when the driver is the applicant with a brain injury), 2) requiring providers to invoice for services within 12 months of service delivery, 3) limiting the amount of time the program will pay rent or a mortgage (applicants must have a long-term plan for how they will take care of rent or mortgage; and 4) "quality of life" language has been deleted from the rules because the term is subjective.

The contractor has recommended that language be inserted into the legislation that would allow children who have reached their lifetime maximum benefit of $60,000 to establish a new maximum benefit as an adult. A requirement - for recipients/providers to spend their allocations within 60 days of receipt of funds - is currently before the legislature.

Advice to Other States:

- Make the program as flexible as possible.
- Do not try to turn it into a Medicaid or treatment program. Focus on helping individuals direct their own lives and live as independently as possible. Average allocations are low – less than $3,000 per person - and most are not related to treatment or therapies. Staying client-centered as opposed to program-centered will also reduce administrative costs.
- If you choose to contract with a fiscal intermediary, make sure upfront that the contractor has the capacity to handle all expected responsibilities.

- Be sure to include case management.

Additional Information: Contact Colleen Ryall, Brain Injury Services Unit Manager, Department for Mental Health and Mental Retardation, Colleen.Ryall@ky.gov. Also, see:

- Kentucky Legislature Home Page
http://lrc.ky.gov

- Kentucky Cabinet for Health and Family Services TBI Trust Fund Web Page
http://www.mhmr.ky.gov/mhsas/Brain%20Injury%20Services.asp?page=Brain%20Injury/TBI/trustfund.htm

- Kentucky Trust Fund Web Site
http://www.kybraininjuryfund.org.

LOUISIANA

Background: Prior to 1993, there was no source of funding to meet the needs of persons with traumatic brain or spinal cord injuries. Louisiana's TBI program was modeled after Florida's and involved community advocates for both brain and spinal cord injured.

Legislative Authority: House Bill Number 1579, Act 654 of the 1993 Regular Session; Chapter 48 of Title 46 of Revised Statutes 46:2631 through 2635, and; Regular Session 36:478(G). Legislation was passed in 1993 but revenue collections did not begin until January 1994.

Revenue Source and Collections Process: The program is funded by surcharges on fines for DUI, speeding, and reckless operation of a motor vehicle. First offense for DUI is $25, second offense - $50, third offense - $100; fourth offense - $250. The speeding violation surcharge is $5 and so is the reckless operation surcharge.

After the Clerks of Court collect the money, they have 30 days to forward it to the State Treasurer. The money is initially deposited in the Bond Security and Redemption Fund and then into the Trust Fund Account. The administering agency prepares an annual budget for the legislature and the legislature appropriates the funds to operate the program. There has only been one parish that has been non-compliant where judges have failed to participate. The administering agency is currently looking into that issue to determine what recourse they may have. Current revenue is $1.5 million. The administering agency is not sure what impact the non-compliance of one parish has on revenue projections. Otherwise, collections have been pretty consistent.

Startup: Approximately 2 years.

Advisory Board: The Advisory Board to The Traumatic Head and Spinal Cord Injury Trust Fund has the responsibility of promulgating rules and regulations; establishing priorities and criteria for disbursement of the fund; investigating the needs of head or spinal cord injured individuals to identify service gaps; submitting an annual report with recommendations to the legislature and governor 60 days prior to each regular, legislative session; and monitoring, evaluating, and reviewing development and quality of services and programs funded by the trust fund. This is a 13-member board consisting of the Director of the office of rehabilitation services, HIF executive director; SCIA executive director; nominee of the LA psychological association, TBI survivor, SCI survivor; TBI and SCI family members; President of medical society, President of the hospital association, Speaker of the House, President of the Senate, and President of the Dental Association.

Program Administration: The Louisiana Department of Social Services, Rehabilitation Services.

Funding Priorities: The Board sets priorities and criteria for disbursement. Decisions are made on a first come/first serve basis among consumers on the waiting list.

Eligibility Criteria:
1. Must meet the definition of spinal cord injury or traumatic brain injury. TBI is defined by external physical force
2. Must be a resident of Louisiana, citizen of the United States, officially domiciled in the State of Louisiana at the time of injury and during provision of services
3. Must have a reasonable expectation to achieve a predictable level of outcome for improvement in quality of life and/or functional outcome
4. Must have exhausted all other governmental and private sources
5. Must provide proof of denial from other sources
6. Must be willing to accept services from an advisory board-approved facility/program
7. Must be medically stable
8. Must complete and submit an appropriate application

The program administrator in the State office makes the final decision about eligibility based on the consumer meeting all criteria.

Program Operation and Restrictions: Because funds were collected and accumulated between times when the legislation was ratified and the program began, the State currently operates a $2.8 million program with annual intake of new revenue estimated at $1.5 million dollars. The program supports two FTE staff members (the program administrator and administrative assistant) and one part-time staff person who is a student.

The program funds the service and support needs of individual consumers. Services may include but are not limited to: evaluations, post-acute medical care rehabilitation, therapies, medications, attendant care, equipment necessary for activities of daily living, and other goods and services deemed appropriate and necessary. The trust fund will not purchase motor vehicles or real estate. The agency contracts with five case management service providers statewide. They are located within each metropolitan area of the State. The case manager's responsibility is to visit with each person who has applied for the fund and collect information that will help the state office determine eligibility. The case manager works with the consumer to develop an appropriate support plan but does not assist with fund distribution. There is an annual cap of $15,000 and a lifetime cap of $50,000. Costs associated with the case management function are not included in the $15,000 annual cap.

The Program does not support other initiatives at this time. However, there is a provision in legislation which authorizes the program to contract with another entity, such as the

Brain Injury Association, for a statewide information resource center. The initiative would have a $50,000 spending limit.

Emergency Requests: The Program Administrator has the authority to authorize release of funds for emergencies.

Most Requested Service or Support: Medications or medical supplies

Number of Individuals Served Annually: 387 active cases statewide

Average per Person Expenditure: This program differs from some other trust fund programs that benefit individual consumers. Once individuals are approved for services through this program, they stay in the system until they reach the lifetime maximum, develop an unstable medical condition that precludes participation, fail to cooperate with the service plan, become eligible for other funding sources, or are not available for scheduled services. For FY 2005, the average per person expenditure is $12,000 but that is a cumulative figure which could represent several years of spending.

Waiting List: 460 people

Program Evaluation: Some informal evaluating has been done. The strategic plan does call for administering a consumer satisfaction survey next year. Staff feels very good about what the program has accomplished.

Program Changes: When the 1993 legislation was passed, the surcharge on DUI convictions was a flat $25. Effective July, 2000, graduated surcharges were added to DUI fines as follows: 2nd conviction = $50; 3rd conviction = $100; 4th conviction = $250.

The administering agency would like to be able to generate better and more sophisticated data. It is working hard to aggressively reach as many persons on the waiting list as possible while still trying to be good stewards of their resources.

Advice to Other States: Use your BIA and Spinal Cord Injury Association to develop a strong grassroots effort and locate legislators who are amenable to sponsoring legislation.

Additional Information: Contact Mark Martin, Trust Fund Program Manager, Department of Social Services, mmartin@dss.state.la.us. Also, see http://www.dss.state.la.us. View the statute on pages 105-106 in this binder.

MASSACHUSETTS

Background: A number of staunch advocates from the Brain Injury Association of Massachusetts (BIA-MA) were concerned about the difficulty in getting general revenue funds increased to address the needs of individuals with TBI. One parent advocate in particular was instrumental in getting the attention of legislators and stakeholders. She was able to organize a strong grassroots effort. The legislative language indicated that trust fund monies were not to be used to supplant another source. However, general revenue has been raided from time to time, making it necessary to dip into trust fund monies.

At the beginning of the 90s, BIA-MA had great concern regarding the availability of service funding for people with TBI. The State's economic situation precluded increases for the Statewide Head Injury Program (SHIP) and funding had been stagnant since 1989. In order to rectify the situation, a proposal was made to legislators to surcharge people convicted for Driving Under the Influence (DUI) and Driving to Endanger. The rationale for the surcharge was that impaired drivers help create the risk of TBI.

The Head Injury Treatment Services (HITS) Trust Fund was passed as an outside section of the State budget in 1991. In 2000 a speeding surcharge was added to increase collections. Collected funds are deposited with the State Treasurer. The Massachusetts Commissioner of Rehabilitation is trustee of the TBI fund managed by SHIP. Legislative language directed the establishment of a line item that would appropriate the amount collected for the trust fund. It took 4 years to get funds released due to the lack of a line item, which a leading legislator was blocking.

Legislative Authority: Title 2, Chapter 10, Sect. 59; Title 14, Chapter 90, Sect. 20 & 24, ratified in 1991. The HITS Trust Fund was established in Massachusetts General Laws as Chapter 10, Section 59. Funds are generated from Chapter 90, Sections 20 (speeding) and 24 (DUI and driving to endanger).

Revenue Source and Collections Process: There are two revenue sources. In 1991 legislation was passed to levy a surcharge on fines for Driving Under the Influence. In 2000 legislation was passed to levy a surcharge on speeding fines. At that time, legislation was not part of the trust fund. Proceeds from both are now deposited into the trust fund.

Money is collected through the courts and deposited yearly into the trust fund account in the State treasury. The administering agency would like to change that process to a quarterly deposit. Up until 2 years ago, the legislature had to appropriate the funds in order for SHIP to access them. This was problematic in that the legislature did not always want to appropriate the amount of funds that SHIP felt it needed. That process has now changed. The funds are considered "off budget" which gives the head of the Massachusetts Rehabilitation Commission (agency in which SHIP resides) discretion on the amount it can draw and how the funds will be used. An appropriation number is assigned to the trust fund account. The SHIP administrator is able to write checks/allocations against that account not to exceed $7 million yearly.

There have been occasions when judges chose to order community services for persons convicted of DUI rather than imposing fines, or; lower fines when defendants plead indigency. SHIP contracts with the Brain Injury Association to educate the judges and court systems about the importance of compliance and impact of funding on the provision of necessary supports/services to persons with TBI. $1.8 million is projected from DUI and $5 million dollars is projected from speeding tickets. There were huge collection problems when the program first started. The sentencing and collection system has improved dramatically but is still not perfect. Realistically, $1.6 million is expected from DUI.

Both DUI assessments (changed from surcharges) and speeding surcharges are the funding sources for the trust fund. The original amount for DUI and driving to endanger assessments was $100. Then, DUI increased to $125 and the speeding surcharge was $25. In 2003 the Legislature doubled the DUI assessment to $250 and speeding surcharge to $50 with the Trust Fund getting half the amount with the other half going into the general fund. The DUI collections amount to around $1.8 million a year and are affected by the number of citations written, a number that has greatly decreased since the beginning of the 90s. The speeding citations have provided $5 million, or thereabouts, and have some room for an increase. Since DUI and driving to endanger are criminal activities, a judge has to assess those convicted. Speeding surcharges go directly to the Registry of Motor Vehicles and then are transferred to Massachusetts Rehabilitation Commission/SHIP. BIA-MA has a contract to educate the District Court judges, District Attorneys and probation officers who are usually involved in the disposition of a case and can make recommendations. In 2003 the Governor attempted to repeal the HITS Trust Fund. Legislative advocacy efforts were able to save it and move it to what is known as “off budget”, alleviating the need for legislative appropriation.

Startup: Legislation was passed in 1991 but the program did not become operational until 1995. Figuring out how to “operationalize” the program was the issue. During that time, collections came in small increments and the fund drew interest.

In the beginning, the Massachusetts District Courts were slow in surcharging on DUI and driving to endanger convictions. Judges did have the option of reducing the fine and adding that information to the person’s mittimus. Also, the term “surcharge” on convictions precluded many collections since first time offenders seldom get convictions. At some judges’ suggestion, language was changed legislatively to include not only convictions but add continuances and admissions of guilt. The term “surcharge” was changed to “assessment.” Initially, the speeding surcharge was not well received by local police. They have since accepted the law and collections have been tolerable. It took 4 years to effect Legislative appropriation and a line item in the State budget.

Advisory Board: The Massachusetts Acquired Brain Injury Advisory Board (MABIAB) offers guidance and recommendations to the Commonwealth regarding the needs and priorities of people with brain injury, while also advocating on their behalf. They provide input and direction to the Statewide Head Injury Program as well as other State agencies. A subcommittee of MABIAB was formed to develop recommendations on what trust funds should be used. The BIA’s Executive Director and Public Policy Analyst, as well as other BIAM members, are active participants on MABIAB and sit on the trust fund subcommittee. The committee’s

recommendations were given strong consideration by the agency Commissioner. The Director of SHIP was charged with implementing the funding initiatives.

Program Administration: Statewide Head Injury Program (SHIP) of the Massachusetts Rehabilitation Commission

Funding Priorities: The trust fund language references the use of these monies for non-recurring services. They are used to serve SHIP eligible consumers whose needs are short-term or are totally unanticipated. SHIP Service Coordinators work with individuals and their families to identify the supports they need to maintain or increase their level of functioning and independence in the community. This may include, but is not limited to, day services, respite, recreation, assistive technology, home modifications, substance abuse treatment, transitional living programs for the homeless, extended rehabilitation, dental care, life skills training, and case management. The need is brought to the attention of supervisors and, ultimately, the program administrator, who authorizes use of trust fund monies.

Eligibility Criteria: Anyone eligible for SHIP services is eligible for programs paid for by the HITS Trust Fund.

Program Operation and Restrictions: The impetus for developing the trust fund was to address the needs of people who were on a waiting list for services. The trust fund augments General Revenue and provides an additional pool of funding to address the needs of people with TBI and their families. SHIP subcontracts with qualified community providers and independent professionals to provide these services. The General Revenue is typically used for long-term committed services such as residential programs in the community that offer 24/7 coverage, or less intensive staffing that is considered supported living. The fund is then used for everything else as described earlier. It has been used to pay for any service that falls within the broad mission of the SHIP program and within the scope of what subcontractors are authorized to provide.

There are 12 SHIP staff persons who provide service coordination including managing and monitoring the provision of services on a regional and residential basis. Most of the service coordinator positions are paid out of the general revenue fund while several are supported by the trust fund. At this time, only two to three percent of trust fund revenues are used for administration. The bulk of operational/administrative expenses are also taken from the general revenue fund. The trust fund is also used to support the prevention, education, and public awareness efforts of the BIAM, and interagency service agreements for special projects.

There are no caps per person on the distribution of funds because many of the people served need lifetime support.

Emergency Requests: SHIP does not have an emergency services system, such as one that would address the need for crisis intervention. However, the program administrator can authorize funding for a specific emergency service such as transportation or respite.

Most Requested Service or Support: The services individuals and families receive are often dictated by availability of a qualified service provider in a specific area and the associated cost. Residential and day services are most needed by consumers and families. Unfortunately, residential services are high cost, and SHIP rarely has funding available to begin new programs. The trust fund historically collects about $6.8 million a year. SHIP cannot commit resources beyond this level if the services provided need to continue. These funds are often quickly encumbered leaving little opportunity for new expensive program development. Massachusetts does not presently have many day program options appropriate for this population, so access is also limited. Services most frequently provided are private case management, life skills training, recreation, respite, and dental care.

Number of Individuals Served Annually: SHIP purchases services for over 600 people each year. Service coordination and linkages are offered to over 200 additional individuals and families. Under contract with SHIP, BIA-MA provides prevention, education, and I&R services to thousands of Massachusetts residents each year.

Average per Person Expenditure: An average per person cost can only be figured within categories of service such as residential vs. ancillary supports. If SHIP combined all service costs together, it would skew the result - for example, averaging a $200,000/year, 24/7, residential service with a $300 dental service.

Average per person cost, by service type, is:

24/7 Residential Service - $150,000
Supported Living - $20,000
Day Service - $24,000
Transportation - $2,000
Assistive Technology - $1,200
Dental - $1,600

Waiting List: SHIP has a combined waiting list for services regardless of the funding source. The waiting list began when SHIP opened its doors in 1985 and has consistently grown over the past two decades. Significant additional resources are needed to address this problem.

Program Evaluation: There is no specific evaluation process although consumer satisfaction surveys are conducted. Ongoing review of programs and consumer needs reflect comments from the TBI community, and impact ongoing service and delivery changes.

Program Changes: Changes have all been legislative due to the need to increase collections for the trust fund and give more flexibility to SHIP. The language changes gave SHIP the ability to use the fund for residential services and changed the term “surcharge” to “assessment” for DUI and driving to endanger infractions. Included now in the assessments are continuances and admissions of guilt, not only convictions. BIA-MA is also advocating for 100 percent of all collections to be deposited in the trust fund, which would double the amounts available for services.

Advice to Other States:

- A trust fund should be considered a supplement – not the exclusive operating resource since available monies depend on limits imposed by citations.
- A trust und should be managed by a State agency in order to assure accountability.
- Develop a plan that includes input from the advocacy community.
- Capping expenditures limits a State's ability to truly address the life-long needs of people with TBI.

Additional Information: There are no separate trust fund policies. Regulations that govern the operations of SHIP are relevant to the trust fund. Contact Debra Kamen, Director, Statewide Specialized Community Services, Massachusetts Rehabilitation Commission, debra.kamen@state.ma.us. Also, see http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Consumer&L2=Disability+Services&L3=Services+by+Type+of+Disability&L4=Head+Injury+Services&sid=Eeohhs2.

MINNESOTA

Background: The Brain Injury Association of Minnesota had been meeting with the Department of Human Services, Department of Health, Vocational Rehabilitation, and legislators out of concern that persons with TBI were falling through the cracks with respect to getting good resource information and necessary supports for successful community reintegration. There was no funding source or mechanism addressing this. The Brain Injury Association worked with Senator Linda Berglin who chairs the Health Senate Committee and legislative staff to review what other states were doing. There were other special interest groups that were concerned if we also got a share of revenues from drivers' license reinstatements following DUI, that it would lessen their share. The legislature had to review the impact and settle on a percentage that could be justified. Support of stakeholders was gained because the administering agency intended to direct funding to a statewide registry. Knowing that this would enable the State to compete for CDC grants, foundation and Federal funding was a selling point.

Legislative Authority: M.S. 144.661-665, ratified in 1991. Minnesota's fund is not called a trust fund but operates in similar fashion.

Revenue Source and Collections Process: Originally, the funding source was 5 percent of the cost of reinstating a driver's license following a conviction for DUI. That was problematic because it cost $750 to get a driver's license reinstated and many people could not afford to pay that so would drive without a license. The mechanism was changed so that now the agency receives a $50 surcharge from each DUI conviction. Clerks of Court collect the fines. Monthly, the money is transferred to the Department of Public Safety and then to the Minnesota Department of Health. The Department of Health retains 17 percent and makes 83 percent available to BIA.

When the program was first getting started, revenue was estimated at between $1.2-1.4 million. It has been tracked each year. One year it dropped to $250,000. For FY 2003-2004, it was $900,000. It is expected to be $1 million for FY 2004-2005. A DUI Task Force that works with BIA has talked about training forums to assure all the money is being collected and transferred according to legislative intent.

Startup: It took about 2 years with the Advisory Board meeting monthly to write the rules and go through the rule adoption process. A pilot test was done and the program becoming operational in January 1993.

Advisory Board: There are actually two advisory committees that provide oversight: (1) The Minnesota Trauma Databank Advisory Committee which provides counsel on collection and analysis of data, reporting to (2) The Department of Human Services TBI/SCI Advisory Council.

Note: The Advisory Committee actually looks at all traumas, not just TBI and SCI.

Program Administration: The DOH administers the fund but contracts with the Brain Injury Association to provide resource facilitation.

Funding Priorities: Seventeen percent is retained by the DOH for the Registry. It funds a small portion of the time of an epidemiologist, research analyst, health educator, and some prevention activities. Eighty-three percent is provided to BIA for resource coordination. BIA has three full time resource facilitators. Ninety-six percent is spent on programs. Of that 96 percent, 58 percent is salary and 42 percent is other expenses. Four percent is spent on administration.

Eligibility Criteria: Any individual who is hospitalized from TBI or spinal cord injury (SCI), as defined by ICD-9 codes

Program Operation and Restrictions: The hospital has 60 days to report discharged individuals, meeting the ICD-9 code definition of TBI or SCI, to the Registry. Within five days of notification, The DOH then sends them (or family member) a letter advising them of available services and of the Resource Coordination program. A third party agency, that contracts with the DOH and is skilled in client confidentiality issues, contacts the consumer/family member to ask if he/she is interested in resource facilitation. The agency also gets permission to make a referral to BIA. The Resource Coordination Program provides a staff person to make scheduled calls to persons who have been involved in acute care settings. The staff person is responsible for providing information based on a set of questions derived from the Brain Injury Association's database. This information can range from a limited response of an organization's name and telephone number to detailed information about community service systems, application process, and intake. Referral services consists of assessing a participant's reported needs, evaluating appropriate resources, identifying organizations capable of meeting those needs, assisting with identifying alternative resources, and assisting with linking the two parties. The resource facilitator makes follow-up calls at specified intervals to determine outcome and assist with additional service needs if necessary. With patient consent, resource facilitation can be initiated by acute care hospital staff, the Registry, or third-party contractor. Information collected is presented through statistics, data analysis, and relevant documentation on service use, consumer characteristics, unmet needs, gaps, and duplications in services.

Emergency Requests: N/A

Most Requested Service or Support: Employment assistance, interpersonal skills training, and support groups

Number of Individuals Served Annually: The DOH sends out about 4,000 letters to injured survivors. About 400 of them receive resource facilitation services.

Average per Person Expenditure: N/A

Waiting List: There is no waiting list. Involved agencies are still in the process of growing the program. In 2004 the number of persons served in the pilot project doubled. In the first quarter of 2005, numbers project that the program will again more than double. Outreach and education to hospital staff continues, so they understand the program and make referrals. Presently, there are two major trauma units that the program works with to encourage staff to make

referrals. Also, about 20 percent of patients refuse referral to the program. The program continues to market itself through public awareness campaigns.

Program Evaluation: The registry was a critical piece in helping identify people and their needs and the resource facilitation piece is the mechanism for addressing those needs. Most of the time, the agency gets thank you letters from the people contacted. But sometimes, people resent what they interpret as an invasion of their privacy. The administering agency is working on quantifying how individuals are doing and how secondary complications are prevented. BIA is working on individual consumer outcomes. There is a consumer closure survey that persons are asked to complete. The association continues to build and improve the database so that outcome data can be collected.

Program Changes: In the beginning, $100,000 was provided to the Department of Human Services for piloting the resource facilitation model. When the revenue mechanism changed in 1998, that money (now 83 percent) was transferred from DHS to BIA. The administering agency and BIA would like to enhance their capacity to follow people for longer periods of time post-injury and look at long term outcomes. They'd also like to have more flexibility in how to work with the data.

Advice to Other States:

- Work in partnership with stakeholders and other agencies.
- Be very upfront about what you are trying to do.
- Consider the fund as a resource for augmenting or improving your system.

Additional Information: Contact Mark Kinde, Program Administrator, Department of Health, Mark.Kinde@state.mn.us, or Ardis Sandstrom, Executive Director, Brain Injury Association of Minnesota, ardiss@braininjurymn.org.

MISSISSIPPI

Background: In an effort to enable Mississippians with spinal cord injury and traumatic brain injury to achieve their maximum level of independence, the 1996 Mississippi Legislature established the Traumatic Brain Injury/Traumatic Spinal Cord Injury (TBI/SCI) Trust Fund. The goal of the program is to assist individuals who are severely disabled by traumatic spinal cord injury or traumatic brain injury to resume activities of daily living and to reintegrate into the community with as much dignity and independence as possible. Legislation was a culmination of efforts by the Brain Injury Association and LIFE working together with families. They had explored trust fund programs in other states and approached the Mississippi Department of Rehabilitation Services (MDRS) and key legislators for support.

Legislative Authority: Title 37-Chapter 33-Section 261, ratified in 1996.

Revenue Source and Collection Process: Funding for the TBI/SCI Trust Fund is provided through fees and surcharges on moving traffic violations. A $25 surcharge is collected from every violation of the Mississippi Implied Consent (Driving Under the Influence) Law, and $4 from all other moving vehicle violations. Fees and surcharges are collected by clerks in four courts – city, circuit, justice, and chancery – and then given to the State Treasurer for deposit into the trust fund. Collection of these surcharges began July 1996. Revenue is estimated at $3.5 million annually. Collections have never fallen short of revenue projections. The administering agency must secure a legislative appropriation each year for spending authority, based on the projected number of consumers it expects to serve.

Startup: Legislation was approved in 1996. Permission to spend trust fund monies was granted during the 1997 legislative session. Expenditures for consumer services began in July 1997.

Advisory Board: A ten-member Advisory Council, appointed by the Executive Director of MDRS, provides advice and expertise to the Mississippi Department of Rehabilitation Services in the preparation, implementation and periodic review of the TBI/SCI Trust Fund Program.

Composition of the Advisory Council was designated by legislation to include:
1. A physician with expertise in areas related to the care and rehabilitation of individuals with spinal cord injuries or traumatic brain injuries
2. A professional in a clinical rehabilitation setting
3. A representative designated by the Brain Injury Association of Mississippi
4. A representative designated by the Mississippi Paralysis Association
5. Three individuals with spinal cord injuries or traumatic brain injuries
6. Three family members of individuals with traumatic spinal cord or traumatic brain injuries

Each member serves a 3 year term but can be reappointed.

Program Administration: The Mississippi Department of Rehabilitation Services (MDRS) was designated by the Legislature to administer the TBI/SCI Trust Fund Program. The MDRS Office

of Special Disability Programs coordinates the direct services to eligible consumers. A full-time program coordinator oversees the coordination of services. A variety of community-related integration programs are also provided via contracts with community organizations and agencies.

Funding Priorities: The Trust Fund program provides 1) matching funds for the Medicaid Waiver, 2) a set of services and supports that assist consumers in living more independently in the community, 3) funding for prevention/education activities, 4) recreation projects, 5) TBI/SCI Registry, 6) an annual nursing home survey to identify needs of those with TBI or SCI who are under age 55 living in a nursing home, and, 7) transitional living services.

Approximately 83 percent is set aside for services, 2 percent for the registry, 10 percent for prevention, and 5 percent for other activities including administration at 3 percent.

Eligibility Criteria: Any resident of Mississippi, regardless of age, who has a severe disability resulting from traumatic spinal cord injury or a traumatic brain injury is eligible. Individualized services can be provided to medically stable individuals. Medical stability is defined as the absence of (a) an active, life threatening condition (e.g., sepsis, respiratory, or other condition requiring systematic therapeutic measures), b) IV drip to control or support blood pressure, and (c) intracranial pressure or arterial monitoring.

Program Operation and Restrictions: The Trust Fund Program is the payer of last resort. An individual must seek assistance from all available resources prior to the Trust Fund's participation in a service.

Services or supports provided under this program include:
1) Durable medical equipment/assistive devices - $20,000 lifetime cap
2) Home and vehicle modifications
3) Respite care, based on a physician's determination of need, in areas of companion, nurse, licensed practical nurse and registered nurse – 288 hour limit
4) Transitional personal care attendant services assisting - 12 month time limit - during which, client or family members will be assisted in seeking other attendant care options.

Twenty-seven independent living counselors, located throughout the State, visit individuals seeking services and coordinate the application, assessment, and service delivery process. This includes gathering appropriate medical records to document eligibility. Individuals can self-refer or be referred by any source including BIA, hospitals, etc. The counselors help determine whether an individual can be better served through the trust fund, Medicaid waiver, or some other source. The trust fund is budgeted from the legislature to the executive director, through several administrative levels including the program coordinator, regional managers and ultimately the independent living counselors.

Emergency Requests: The trust fund sets aside $1,000 for each consumer use on a one-time basis. This is not an automatic entitlement and must be used for authentic emergencies approved by the program coordinator.

Most Requested Service or Support: Personal care attendant

Number of Individuals Served Annually: A combined total of more than 600 access the Trust Fund and/or Medicaid Waiver.

Average per Person Expenditure: Unknown

Waiting List: There is no official waiting list although the agency maintains a list of persons who have been referred.

Program Evaluation: There is no official evaluation process.

Program Changes: The biggest change is the increased number of persons served.

Advice to Other States:

- Be very clear in law and in policy what you can and cannot provide.
- Be prepared to deliver what your law and policy says you can.

Additional Information: Contact Kim Turbeville, TBI/SCI Trust Fund Program Coordinator, Department of Rehabilitation Services**,** kturbeville@mdrs.state.ms.us.
Also, see http://www.mdrs.state.ms.us/client/tbisci.html.

MISSOURI

Background: In 1999 public testimony on TBI was given to the House Interim Committee charged with looking at the DOH and Senior Services Head Injury Program. This included evaluating the needs of persons who have sustained TBI and ways to help fund additional services. The Committee became aware that other States were developing trust funds and waivers as a mechanism for funding services. This planted a seed for the trust fund concept.

There was a Kansas City Chief Football player, Derrick Thomas, who sustained a spinal cord injury in a car accident on his way to the St. Louis Rams play-off game. A senator who was a former quarterback for the KC Chiefs introduced a trust fund bill for spinal cord injury research. A senator who was a member of the Missouri Head Injury Advisory Council, and also the parent of a daughter with a traumatic brain injury, wanted brain injury to be included in the legislation. He saw the bill as a funding source that could support Council expenses, family information/support, and other services not already provided by the Department of Health and Senior Services Head Injury Program. Those services, in particular, had been supported with general revenue prior to 1985. But there was a lot of concern about the ongoing availability of state revenue. In addition, Missouri had just finished its first TBI Implementation Grant that established a family support partner program. Stakeholders thought this funding would be a good mechanism for a more permanent funding resource. The BIA-MO supported the measure since they could see it was a way to fund the support partner program.

Ultimately, two separate funds were created via legislation:

- a Spinal Cord Injury Fund supporting research that promotes advancement of knowledge about spinal cord injuries
- a Head Injury Fund to support activities and services not available elsewhere

Legislative Authority: 304.028 RSMO, ratified in 2002.

Revenue Source and Collection Process: Fiscal Affairs worked with involved agencies to determine the revenue source and sent the fiscal note to the Department of Revenue, Department of Public Safety, and the Office of Administration's Head Injury Advisory Council. The revenue source is a $2 surcharge on court costs associated with a) criminal cases including violations of any county ordinance, or b) any criminal or traffic laws of the state, including an infraction. The surcharge is collected and distributed by the clerk of the court, as provided in sections 488.010 to 488.020, Missouri Revised Statutes. The surcharge is paid to the state treasury and credited to the head injury account. The appropriations budget of the administrating agency will reflect a line item reflecting the amount for purposes of services. The agency cannot spend any money, regardless of source, without a line item in the budget authorizing it. Revenue is estimated at $800,000.

Startup: It took a couple of years to get started, while waiting for funds to accrue and policies to be established.

Advisory Board: In 2002 legislation establishing the Head Injury Fund placed program administration with the Missouri Head Injury Advisory Council. However, departmental transfers and budget cuts have changed the future role of this council with respect to the fund.

Program Administration: In February 2005 a Governor's Executive Order transferred program administration from the Missouri Head Injury Advisory Council at the Office of Administration to the Department of Health and Senior Services.

Funding Priorities: Legislation states that funds shall be used for purposes of a) transition and integration of medical, social and educational services, or b) outreach activities and short-term supports that enable individuals with TBI and their families to live in the community.

The Council developed the following expenditure priorities:

- Professional counseling (15 percent)
- Peer mentoring (30 percent)
- Education (20 percent)
- Administrative costs (25 percent); and
- Reserve (10 percent)

In 2005 general revenue was substantially reduced by the General Assembly. Fund monies will now be needed to supplant those general revenue funds originally allotted for program services.

Eligibility Criteria: Individuals must have a documented TBI and have income that falls within 185 percent of poverty level to receive services other than case management for which there is no financial eligibility requirement.

Program Operation and Restrictions: This money is supporting the services previously supported by general revenue for the Department of Health and Senior Services program. That program is already established with 9 service coordinators who perform intake, service plan development, and identification of service needs. The department uses a prior authorization requirement for all services. The service coordinators function as part of a team along with Central Office staff to prior approve and authorize services in accordance with the overall revenue available. Providers are enrolled as authorized provider agencies to provide services in accordance with the service plan, and the State reimburses the provider.

Emergency Requests: N/A

Most Requested Service or Support: Transitional Home and Community Support Training. An upturn in requests for Comprehensive Day Rehabilitation is expected if Department of Health and Senior Services (DHSS) continues to offer the service (previously funded by Medicaid).

Number of Individuals Served Annually: Approximately 540

Average per Person Expenditure: Approximately $6,000

Waiting List: Approximately 75

Program Evaluation: Not yet developed.

Program Changes: In February, Missouri Governor Blunt transferred the Missouri Head Injury Advisory Council and its associated programs from the Office of Administration to the Department of Health and Senior Services. His budget transferred Council trust fund appropriations and Office of Administration budgeted programs to the Health and Senior Services budget. Funded by the General Revenue, the Department of Health and Senior Services' Head Injury Program was reduced approximately $800,000, equal to the amount the trust fund was generating.

Advice to Other States:

- Develop clear trust fund priorities and procedures, accounting systems, and program evaluation.
- Be realistic about what can be provided with dollars available.
- Most of all, understand the niche trust fund dollars can fill and structure all policies and procedures to be consistent.

Additional Information: Contact Lori Brenneke, Head Injury Program Manager, Department of Health and Senior Services, (573) 751-6246. Also, see http://www.dhss.mo.gov/TBI.

MONTANA

Background: During the first attempt at legislation, the process was largely driven by the Brain Injury Association of Montana's Board of Directors in response to the needs of people with disabilities. Bill HB 698 was agreed upon as the place to begin and it was passed on the first attempt.

Legislative Authority: House Bill 698, ratified in 2003 is located under Montana Code Annotated 2-15-2217, 2-15-2218, 53-6-501, and 53-6-502. Also, see http://data.opi.state.mt.us/bills/mca/2/15/2-15-2217.htm.

Revenue Source and Collection Process: When an individual registers a motor vehicle, he/she indicates their desire, through a check-off process, to donate $1 or more to the state special revenue fund. There is not an assumption that everyone will donate. Each county treasurer forwards revenue that accrues from this voluntary donation to the Department of Revenue for deposit in the State's Special Revenue Fund Account. Revenue for FY 2005 is estimated at $8,117.

The voluntary check-off is repeated annually. The Legislature does not have to appropriate funds since they are set aside in a special trust fund.

Startup: The act, created by House Bill 698, became effective January 2004. Collections began shortly after. One year post-implementation, a balance of $3,400 showed in the account.

Advisory Board: House Bill 698 also provided for creation of an advisory council, attached administratively to the Department of Public Health and Human Services. The Council is composed of 1) the Director of the Department of Public Health and Human Services or designee, 2) the Superintendent of Public Instruction or designee, 3) representative of a program providing senior and long-term care services (appointed by the Director of Public Health and Human Services), and 4) six representatives appointed by the Governor. Appointees include persons with TBI or family members, representatives of injury control or prevention programs, or advocates for persons with brain injury. Council Members serve three-year terms.

Meeting quarterly, the Council advises the department on 1) ways to develop and improve services, 2) ways to encourage research, public awareness, education, and prevention activities, and 3) expenditures of the TBI account.

Program Administration: The Department of Public Health and Human Services. It is unlikely this money will lead to contracts.

Funding Priorities: Per statute, money in the account may be used by the department to fund the Advisory Council and provide grants for public information, prevention, and education. There is no plan developed that determines what percentage of the fund goes to each activity.

Eligibility Criteria: Grants must be for public information and prevention education.

Program Operation and Restrictions: It is expected that requests will go to the TBI Advisory Council, then the Department, for review and either approval or denial.

Emergency Requests: N/A

Most Requested Service or Support: N/A

Number of Individuals Served Annually: N/A

Average per Person Expenditure: N/A

Waiting List: N/A

Program Evaluation: No process has yet been established.

Program Changes: Making the voluntary check-off an opt-out, rather than an opt-in, process is being discussed. This would mean that people would have to mark a box to subtract a dollar on the form, rather than the other way around. Revenues would increase dramatically, since people have a tendency to look at the bottom line and send in whatever amount it says. Opting out would be harder to sell to the legislature since it would mean that people might be giving without realizing it. Even some supporters are unaware of the option and others have to really pay attention to remember to add the dollar. An advertising campaign is in development to at least make the public aware of the check-off option and explain its intention.

Advice to Other States: If States choose the same funding mechanism as Montana's, it would be wise to figure out, in advance, a way to establish the voluntary contribution from year to year in the form of automatically adding the dollar with the option of removing it.

Additional Information: Contact Nell Eby, Program Specialist, Senior Long-Term Care Division, Department of Public Health and Human Services, Neby@mt.gov. Also, see http://data.opi.state.mt.us/bills/2003/billhtml/HB0698.htm.

NEW JERSEY

Background: BIA of New Jersey had an interest in developing a mechanism to fund services/supports for persons with brain injury. Members of the Executive Branch and the Legislature were all supportive.

Legislative Authority: PL 2001, Chapter 332, Section 5, ratified in 2002.

Revenue Source and Collections Process: The Division/BIA initially recommended that members of the general public check off their willingness to pay an additional $1 when paying their annual motor vehicle registration fees. The Division of Motor Vehicles thought that this collection process would be cumbersome and not very reliable. It recommended charging all motor vehicle registrants $.50 as part of their annual registration. DMV collects the fee and then the money is transferred to the New Jersey Department of the Treasury into a non-lapsing, interest bearing account marked specifically for brain injury. The administrating agency, the Department of Human Services, only withdraws the amount of money it projects will be needed. Thus far, $3.8 million is projected and been received. Since the program did not begin operation until 2004, there is insufficient history to know whether collections will fall short.

Startup: The startup process took two years. Rules had to be written and published in the Public Register, application forms developed, and staff hired.

Advisory Board: The New Jersey Advisory Council oversees the program. There is a 7-member Review Committee appointed by the Commissioner of Human Services to review requests for services. Membership is specified in rules and includes BIA, a survivor, family member, professional, two members of the Council, and the Director of Disability Services. The committee meets at least 6 times per year.

Program Administration: The Division of Disability Services of the Department of Human Services administers the trust fund with 1.75 FTE staff persons.

Funding Priorities: There is a process for prioritizing individual requests for funds. The allocation may be lowered if there are insufficient funds. Less than 10 percent is spent on administration. In addition to funding individual consumer needs, the trust fund also provides money to BIA for public awareness and education.

Eligibility Criteria: A consumer must be a resident of NJ and have a) an acquired brain injury, as defined by the Federal TBI Act, b) liquid assets of less than $100,000, and c) a need for a service or support directly related to brain injury. The consumer must also provide proof of brain injury and have a prescription/letter of referral from a professional indicating specific need.

Program Operation and Restrictions: A consumer completes an application for assistance. Each person who applies for services is visited by a contracted case manager whose responsibility is to assess need and develop a support plan with the consumer. In some cases, the trust fund will not be used to meet the need. If the consumer requests service coordination, then

a case manager may be assigned on a more permanent basis. The case manager who takes the intake assessment is generally not the person who would maintain an ongoing relationship with the consumer.

Consumers can choose from a list of approved case management agencies. The case manager does not have any responsibility for disbursement of funds. The amount of funds directed to case management or service coordination is unknown at this point but the Division of Disability Services pays a flat fee for development of a support plan and an hourly rate for ongoing case management. Staff prepares an abstract, minus identifiers, describing the need and is prepared to answer questions when the Review Committee meets. The Review Committee assures that the request is reasonable and that the service/support is brain injury related.

The trust fund pays for a wide range of services/supports. Monies are dispersed to vendors rather than directly to applicants so that benefits of those persons on public assistance will not be affected.

There is a $15,000 annual and $100,000 lifetime cap. The trust fund is the payer of last resort.

Emergency Requests: The Director of Disability Services reviews the request and authorizes disbursement. Because the disbursement process can be lengthy in State government, the director may authorize the Brain Injury Association to cut a check and reimburse the BIA account.

Most Requested Service or Support: Cognitive therapy, followed by case management, physical therapy, assistive technology, and home modifications.

Number of Individuals Served Annually: At this time, the administering agency had less than 1 year of data, since the agency did not begin taking applications until July, 2004. But, as of 3-07-05, awards had been made on behalf of 160 people. There were 745 applications of which 321 were reviewed, with some being dismissed and others pending.

Average per Person Expenditure: There is a broad range between $150 and $15,000 with $4,578 being the average.

Waiting List: None at this time.

Program Evaluation: There is no formal evaluation process but staff has lots of contact with trust fund beneficiaries and have received letters testifying to the benefits of the program. In addition to the staff dedicated to this program, the program receives some assistance from the Information and Assistance Unit to field telephone calls. Staff feels great about the program. There was one case where a consumer was able to move out of a skilled nursing facility because the program provided home modifications.

Program Changes: The administering agency is in the process of rewriting regulations to use more definitive language. Lack of specificity in some of the current language has created

problems. Consumers have applied for funding for things that are occasionally frivolous or not related to the brain injury.

Advice to Other States: Having the surcharge on motor vehicle registrations has worked well for the administering agency. Dealing with court imposed fines can be problematic because judges will reduce fines or they are otherwise hard to collect. The agency plans to create a public awareness flyer that will accompany vehicle registrations stating what the 50 cent surcharge is all about.

Additional Information: Contact William A.B. Ditto, Director, Division of Disability Services, William.Ditto@dhs.state.nj.us. Also, see http://www.state.nj.us/humanservices/dds.

NEW MEXICO

Background: At the time the law was passed, the only services available were through private insurance (which is limited), the Disabled and Elderly Waiver, or the Developmental Disability Waiver. The Brain Injury Task Force, established in 1993, and the Brain Injury Advisory Council, established in legislation in 1995, worked together to lobby the legislature and provide testimony. Legislation was passed in the first session it was introduced.

Legislative Authority: Public Health/Section 24-1-24, A-C Brain Injury Service Fund, NMSA, ratified in 1997.

Revenue Source and Collections Process: A $5 fee, attached to all moving traffic violations, is designated for the brain injury program. Funds are collected from the courts and transferred into the department's account at the State Treasurer's Office. Details received from the courts show the counties and the amounts contributed monthly. Reports are sometimes as much as 3 months behind the collection dates. Statements are detailed monthly. Only District and Albuquerque Metro courts are included in New Mexico law. Municipal courts are not included because each city would have to pass their own ordinance to collect the fees under their jurisdiction. During the first year or two, it appeared that some districts were not collecting fees, but the amounts have been pretty consistent for the past 3 or 4 years. During the first fiscal year of collections in 1998, revenues came in at $1 million; the next year at $1.4 million. Since FY 2000, it has consistently been $1.5 million. This revenue source is augmented by $380,000 in general revenue. The trust fund supplants some general revenue which had been used to pay for case management in a limited number of counties.

Startup: Legislation was passed in FY 1997. Collections began in FY 1998. Services began in FY 1999.

Advisory Board: The Brain Injury Advisory Council established in 1995 is part of the Developmental Disabilities Council within the State Department of Education. It serves strictly in an advisory capacity.

Program Administration: The statute established administration of the trust fund under the New Mexico Department of Health but the program was moved to the Aging and Long-Term Services Department in July 2004. The statute that established the new Long-Term Services Department supersedes the trust fund legislation and eventually will need to be changed.

Funding Priorities: Service coordination (about 25 percent), life skills coaching (25 percent), and crisis interim services (50 percent).

Operation and administrative expenses are all paid from State general funds. Trust fund money is used only to pay contractual services (operational expenses within state reimbursement rates but not directly designated as operational). A formula - based on history of services, funding distribution, regional population and the most recent TBI CDC extrapolated report (by county) -

is used to make fund distribution decisions. The trust fund has also been used to provide matching funds for the HRSA grant.

Eligibility Criteria: New Mexico uses ICD 9 codes listed by the program, requires State residency, and is the payer of last resort. An individual must use other available services.

Program Operation and Restrictions: The main purpose of the program is to help participants get into other programs as soon as possible. NM provides 90 days of short-term services with reassessment required every 90 days until participants are in other programs. The program is administered through contracted providers in five geographical regions for service coordination and life skills coaching, although the services are available to persons statewide. The Crisis Interim contract is statewide. Service coordinators are the point of entry into the program. They determine eligibility, refer for life skills coaching, determine the need for crisis interim, and oversee specific services through an individual plan of care. Crisis interim services have a fiscal intermediary contractor that manages only the payment for services. Each region is given a monthly, crisis interim limit for their region. Both service coordinators and crisis interim staff monitor amounts spent to stay within the bounds of the funds. Needs that cannot be filled by other resources, or those that are most intimately life threatening, are given priority. These needs are usually emergency housing, prescriptions, or homemaker services. Service coordinators can request services not covered under descriptions of life skills coaching or crisis interim; these are reviewed on an individual basis and approved or disapproved by the program administrator.

There is a $25,000 annual cap and $75,000 lifetime cap for each program participant. Within the lifetime cap, there is a one-time $10,000 cap on environmental modifications.

Specific services and supports covered under the three service areas
1) Service Coordination
2) Life Skills Coaching

- Assisting with housing and household management including: locating affordable housing, signing a rent/lease agreement, cleaning, shopping, cooking, laundry and use of everyday tools and appliances
- Assisting individuals in nutrition education/application, developing menus, comparative shopping, and food preparation
- Coaching individuals on activities of daily living including personal care including, but limited to hygiene, grooming and dressing
- Coaching individuals on their physical, medical and emotional health maintenance
- Coaching medication reminder cues
- Training individuals in the use of assistive devices and other durable medical equipment including communication devices
- Assisting individuals with employment and education needs
- Teaching individuals on the best ways to utilize and access public transportation
- Helping individuals become aware of community resources and how they can gain access to them
- Assisting individuals to learn and practice sensible money management
- Coaching individuals on ways to most effectively interact and communicate with family members and other caregivers

- Coaching individuals in the development and use of anger management skills
- Coaching individuals in memory skills
- Providing coaching to improve time management skills
- Helping individuals recognize and avoid common dangers to self and possessions such as basic safety skills including interaction with strangers, first aid, fire safety, crossing streets and common public courtesy
- Assisting individuals with other social, recreational and cognitive skills as specified in their Independent Living Program (ILP)
- Coaching individuals on their communication skills

3) Crisis Interim services

- Special TBI equipment that meets the needs of an individual with TBI, that is specifically not paid for by another payer source. The equipment must be necessary because of the individual's TBI
- Assistive technology and assistive technology assessments
- Initial housing costs: first and last month's rent, security deposits and utility start-of-service charges
- Environmental and automobile modifications
- Transportation to medical therapy care if not paid by another source
- Respite care for the individual's primary care giver
- Home health aide, homemaker or companion
- Nursing care
- Therapy services: outpatient mental health, physical therapy, occupational therapy, and speech therapy
- Prescribed medications used to treat their TBI condition, when they are not available or covered by any other payer
- Health insurance deductibles
- Other uses of crisis interim funds: special training, neuropsychological evaluations, training in the use of new equipment or modified equipment, special dietary items, and other services approved by the department. Limited alternative therapies can be provided if a contractor designated to provide the therapy is able to document the proven effectiveness of the therapy

Emergency Requests: The most is for housing. Some of the case management agencies will pay up front and be reimbursed. Most, however, ask for and receive a check for start-up housing within a couple of days when the risk is great.

Most Requested Service or Support: 1) Prescription medications directly related to brain injury, and 2) homemaker services

Number of Individuals Served Annually: About 550

Average per Person Expenditure: This has not been calculated at this time because service needs differ so much. One person may get a $10 cane while another might get the full $25,000 to pay for one expensive DME item.

Waiting List: The administering agency normally does not need to maintain a waiting list. Most service coordinators get participants into service even if their services are limited to a couple of weeks. Some service coordinators refer right away to themselves as life skills agencies so that coaching can start ASAP and so participants can get their eligibility documented. Unless there is life-threatening situation, participants do not usually get crisis interim services or goods until they have their eligibility documentation in place.

Program Evaluation: The department has traditionally sent out questionnaires to participants, and contractors are required to conduct satisfaction surveys on a regular basis. Results are to be made available to the department upon request. Plus, during these past 3 years—as part of the HRSA grant— the agency has put in motion an expanded evaluation of the entire TBI Program. Report results are pending and should be available soon.

The administering agency feels good about how the funds have been spent but the trust fund has its shortfalls. Until this year, when the NM legislature appropriated funding for brain injury waiver coverage, there was no coverage for persons who needed long-term services or institutional care. This was especially true of those that became combative.

Program Changes: Contracts have been tightened a lot. Standards have been established and overall the program has become more accountable for the funds spent. This year a quality assurance person has been hired within the department to audit participant and agency files. Also, a mandated, incidence reporting system has brought more structure.

This is probably the last year the program will be structured as it is. With brain injury waiver services being put in place before the end of FY 2006 (July) —probably in late December — the needs for service coordination, life skills training and services provided under crisis interim will be going through something of a transformation. Some participants will be able to receive these services under the waiver and will no longer need them through the trust fund program. At this point, the immediate goal is to get new people on trust funded services and transition those that are appropriate onto the waiver. Success in moving persons onto the waiver should free up some of the trust fund money to do things other than provide direct services. One of the biggest needs is professional education of staff working with persons with brain injury. In FY 2007, it is projected that one third of funds now being used for services may become available for education.

Advice to Other States:

- Do your homework.
- Decide what the client needs and what your quality assurance needs are up front.
- Write your contracts very concretely. Be sure you have detailed language in them saying what you need and expect from service providers**.** Put in reporting, satisfaction surveys and monthly billing requirements. The program, not the service providers, should drive services.
- Be cautious about using Federal waiver guidelines. This is an opportunity to get services for persons with brain injury that they cannot get anywhere else.

- Do not provide services that participants can get from another payer source. This will make your money go farther.
- Become aware of what is needed in both the urban and rural parts of your state. TBI is everywhere, so serve everyone.
- Win the support of your executive staff. Educate them every chance you get. Make sure they understand the needs of persons with brain injury.
- Monitor the contractors early and often. Create department forms for assessment, independent living plans, and processing money if you can.
- Start work long before you plan to take enabling legislation to your legislature. Plan at least a year in advance. Train and use your advocates to tell their stories one-on-one to legislators and committee members. Gather statistics. But when you do not have them, do not just wait until you can get them. Stories sway more hearts than money.
- Do not give up on getting legislation passed. It may not happen this year, but there is always next year. Persistence counts. And on-going education of policy and decision makers never stops.
- Make sure your Cabinet Secretaries know about brain injury. Ask them to speak at brain injury functions. Include them in leadership training as much as they will participate. Show them how important brain injury is to the people.
- Do not forget the Governor. Meet with his health advisors and teach them about brain injury.
- Get as much press coverage as possible. Run campaigns. Use the *face of brain injury* post cards. Give them to legislators with a hand written note. Send them to the media.
- Find and use a high profile case of a person with brain injury. The Mayor of Albuquerque took an interest in the case of a police officer who was shot by a person with brain injury.

Additional Information: No policies but standards that are being re-written. Also plan to hold hearings that promulgate rules and regulations. Would be happy to share any documents that have been used, such as RFPs, contracts, standards, and application. Contact Bill Schmidt, TBI Program Manager, Department of Aging and Long Term Services, bil.schmidt@state.nm.us. Also, see http://www.nmaging.state.nm.us.

PENNSYLVANIA

Background: Legislation, leading to the Emergency Medical Services Act of 1985 and establishment of a trust fund for head trauma victims, was due largely to the efforts of Congressman Jim Greenwood. At one time, Congressman Greenwood worked as a service provider and was aware of the need for medical rehabilitation services for persons who've sustained brain injury and a funding mechanism to pay for them.

Legislative Authority: 35 PS – 6921-6928, ratified in 1985.

Revenue Source and Collection Process: Revenue is generated from a ten dollar surcharge on all traffic violation fines. In addition, individuals whose offense warrants a jail sentence can pay a $25 Accelerated Rehabilitation Disposition Fee in lieu of a jail sentence for first offense. Court clerks collect these fees and send to the State Treasurer for deposit in the EMS Fund. Twenty-five percent of the collected amount is available to the DOH to pay for medical rehabilitation services. This amounts to $3 million yearly. There is a line item in the Department of Health budget reflecting this revenue. None of this money can be used for administration. Staff salaries are paid out of general revenue. Any unspent funds are placed back in this non-reverting account. Three million dollars in annual receipts has consistently been available to the DOH since inception of the program.

Startup: Began operation in 1988, following passage of legislation in 1985. Administrative Rules were put in place in 2002.

Advisory Board: A statewide TBI Advisory Council was established in 2003 in keeping with HRSA Federal grant requirements. The role of the council has been expanded to include involvement in all aspects of the TBI program including expenditure of trust fund monies. The 26-member council is appointed by the Secretary of the Department of Health to three-year terms which may be renewable. Composition includes six representatives from State agencies, two representatives from advocacy organizations, two representatives from provider organizations, a representative of academic research, an epidemiologist; and at least one third of the council must be represented by consumers or family members. The council is currently revising the by-laws which may alter composition and terms of office.

Program Administration: The trust fund program is administered directly by the DOH, Division of Child and Adult Health Services. There is a contract with the Brain Injury Association for assistance to consumers in applying for services. The department contracts with a number of authorized providers for service delivery.

Funding Priorities: Legislation states the trust fund can pay for medical rehabilitation services and attendant care. However, since attendant care is available via other programs and funding sources, the DOH has chosen to focus on rehabilitation services and has written its administrative rules accordingly. When the program first began, there were no administrative rules to guide the program. Consumers with long-term rehabilitation needs quickly depleted the

resources leaving several hundred persons waiting for rehabilitation with no resources to pay for them.

When administrative rules were written in 2002, criteria for admission restricted applicants to those who could benefit from a short-term rehabilitation program. This restriction automatically eliminated some individuals who had been waiting for services; others no longer needed them. Individuals needing home and community-based rehabilitation services are now referred to a ComCare Medicaid Waiver program. While the program was in transition, funds began to accumulate. There is now a sufficient fund balance to provide services as well as develop new, individual need based initiatives (if the division receives permission to move the money into its budget.)

Eligibility Criteria: To be eligible for the trust fund program, an individual must:

- Be a U.S. citizen and resident of Pennsylvania at the time of injury.
- Have a TBI sustained after July 2, 1985 and documented by a physician.
- Be 21 years of age or older.
- Have income at or below 300 percent of the Federal poverty level.
- Be in a non-comatose state and able to participate in an assessment.
- Be able to benefit from a short-term rehabilitation program.

Program Operation and Restrictions: Consumers can obtain assistance from the Brain Injury Association of Pennsylvania (BIAPA) in applying to the Trust Fund Program. BIAPA provides pre-enrollment assistance to help individuals enroll in this program and other brain injury services offered in the Commonwealth. Consumers can receive services from authorized, contracted providers who can help determine specific service needs and provide the DOH with a service plan. Providers are reimbursed according to a specific fee schedule.

Services are grouped into assessment, rehabilitation, and transition as follows:

Assessment: pre-admission assessment, comprehensive neuropsychological evaluation.

Rehabilitation: residential (personal care rate), behavioral management therapy, life skills training, supportive counseling, substance abuse education & prevention, therapeutic recreation, work skills services, routine case management, cognitive therapy, occupational therapy, physical therapy, psychological services, speech/language therapy, routine case management.

Transition: Transitional case management.

There is a spending cap of $100,000 per person or 12 months of service – whichever comes first. Transitional case management has a $1,000 per person limit or 33.34 hours for 6 months.

Emergency Requests: There is no protocol for dealing with emergency cases but the department has expedited reviews when necessary. Applicants generally obtain services in the order in which application was received.

Most Requested Service or Support: Life skills training is most frequently requested followed by therapies (PT, OT, cognitive, speech).

Number of Individuals Served Annually: Currently, there are 36 persons in the program. If the program is permitted to move some of the money currently in reserve into the DOH line item budget, it will be able to serve more people.

Average per Person Expenditure: During the first year and following implementation of administrative rules, the average ranged from $8-$15,000. For the current fiscal year, the average has not yet been calculated. Only a couple of persons have utilized the maximum $100,000.

Waiting List: There is not a formal waiting list but there are one hundred persons whose applications are in process.

Program Evaluation: There has not been a formal program evaluation. However, contract providers have performed their own outcome studies. There is a monitoring process for providers. The Advisory Board may recommend a formal evaluation.

Program Changes: The State is considering expansion of its reimbursable services.

Advice to Other States:

- Contemplate all possibilities regarding the use of trust fund monies and in establishing administrative rules.
- Establish a set of regulations that help eliminate ambiguities.
- Pay attention to what families and consumers have to say about what they want and how the program should be administered.
- Figure out what services/supports you want to provide and then allow for the likelihood of new technologies.
- Be clear about the population to be served.

Additional Information: Contact Carolyn Cass, Director, Division of Child & Adult Health Services, Department of Health, ccass@state.pa.us. Brain Injury Helpline: 1-866-412-4755. Also, see http://www.health.state.pa.us, and; then use *search* to find the "Head Injury Program."

TENNESSEE

Background: Brain injury support groups were springing up all over the state and forming a cohesive group of advocates who desired a state program and funding source. They and the Brain Injury Association Board looked to other states for funding ideas. Because traffic accidents are a major cause of brain injury, it was logical to tie the revenue source to traffic violations. The BIA Board petitioned the legislature for funding by making contact with an influential state senator who had become knowledgeable about brain injury. The legislature appointed a study committee in 1992 to look into the needs of persons with TBI. BIA recruited celebrity performer Barbara Mandrel who sustained an injury in a car accident to provide testimony to legislators. A week-long series of newspaper articles in the Nashville newspaper brought attention to the issue.

Legislative Authority: TCA 68-55-101-404, legislation introduced in 1992, ratified in 1993.

Revenue Source and Collections Process: There are additional fines (surcharges) on four traffic violations: speeding, reckless driving, revoked license, and driving under the influence. The initial surcharge amounts were: speeding - $2; reckless driving - $25; revoked license - $10; and driving under the influence - $10. There was an increase in fines effective with 2004 legislation: speeding – $5; reckless driving $30; revoked license $15; and driving under the influence $15. Getting the fines increased was a real challenge and took about 4 years before the legislation passed. Opposition to increases was raised by certain legislators. There was no objection by the Courts or Department of Safety. The key to its ultimate success came from the Advisory Council members utilizing their contacts in the legislature, conducting a Legislative Awareness Day, and making sure that the increasing needs of people with brain injury was on the radar screen of legislators. The administering agency had been receiving about $750,000 a year prior to the fine increases. Over the years, receipts have been pretty close to projections. However, when fines were raised via legislation in 2004, the projected revenue increases did not show up in the budget. The program administrator had to write to the courts in the various counties making them aware of the legislative increase – they were not automatically notified. The agency will have a better idea at the end of another fiscal year how much additional revenue it can expect to receive.

Courts collect the fines and send the money to the Department of Safety which deposits the appropriate share into the TBI Trust Fund. The Department of Health gets a monthly deposit report. The Department of Finance and Administration has to approve the Trust Fund Program's annual budget.

Startup: Operational by the end of 1993.

Advisory Board: The nine-member, State advisory council provides guidance to the total program, including the trust fund.

Program Administration: Tennessee Department of Health

Funding Priorities: A needs assessment helped determine the kinds of supports that people with brain injury would benefit from most. The department sent out requests for proposals. They were reviewed by an evaluation committee comprised of State employees with input on the scope of services from the Advisory Council. The department initially awarded 3 year grants to several programs. Over time, these contracts have become recurring. There are currently ten contracts.

About $200,000 is used for administrative purposes. A portion of trust fund monies supports the registry. Hospitals are mandated to report information on all individuals who've sustained a traumatic brain injury and have at least an overnight stay. Any individual reported to the registry receives a letter from the DOH outlining available services and supports.

Eligibility Criteria: Based on having a traumatic brain injury as defined by state statute.

Program Operation and Restrictions: Currently funded programs include:

1. Supported Living Services – two contracts. This program provides support to physically disabled persons (resulting from TBI), already in affordable housing programs, to help them live as independently as possible.

2. Therapeutic Recreation – one contract. Recreational centers are open 4 to 5 hours at three rural sites to provide group discussion, cognitive exercises, physical activities, and lunch 1 day each week.

3. Camp – one contract. The camp is operated through a contract with Easter Seals Tennessee and provides one weekend and 2 week long social and recreational camping experiences at Camp Hickory Wood, along with weekend respite throughout the year.

4. Service Coordination – five contracts involving eight service coordinators located in various non-profit agencies across the state. Their role is to assess the needs of survivors of brain injury, develop a plan of care, refer to resources, and coordinate services. About $400,000 is spent on this component.

5. Project BRAIN – one contract (currently funded with a HRSA grant that will soon expire) provides education and training to educators, families, and health professionals who support students with TBI. Ongoing consultation is available as needed through local resource teams.

Emergency Requests: N/A

Most Requested Service: N/A

Number of Individuals Served Annually: I&R – 650, case management – 1,800, supported/independent living – 76, camp – 108

Average per Person Expenditure: N/A

Waiting List: N/A

Program Evaluation: Staff makes site visits, require quarterly reports, and periodically do satisfaction surveys. An outcome evaluation has not been done. The program is able to touch a lot of people the way it is being used. For example, the program administrator has spent time talking with people and observing them at camp. This is such a positive experience for them and they are getting a lot of benefit for a relatively small amount of money.

Program Changes: There have been changes in the surcharges, as previously discussed, moving from a 3 year to recurring grants. There will never be enough money to meet all the needs of people with brain injury, so of course the agency would like to see revenues continue to increase. But the agency is happy with the way the program is set up.

Advice to Other States:

- Know what you want to do with the funding up front rather than waiting until after the money becomes available.
- Build grassroots support within the community, the legislature, and state government programs.

Additional Information: Contact Jean Doster, TBI Program Director, Department of Health, jean.doster@state.tn.us. Also, see http://www2.state.tn.us/health/TBI.

TEXAS

Background: There was a growing knowledge by consumers, providers, rehabilitation professionals and key legislators that many persons were living in nursing homes who could function more independently with rehabilitation. There was also growing understanding that spending dollars for rehabilitation could save dollars in the long run for public medical services. The legislature put together a workgroup of consumers, family members, providers, the Brain Injury Association of Texas (then Head Injury Association) and other interested parties. This workgroup helped define the program. There were several key legislators who were interested. The Moody Foundation was a key reporter as well. It was a collaborative process.

Legislative Authority: Senate Bill 195, ratified in 1991.

Revenue Source and Collections Process: The revenue source is 5.3218 percent of surcharges on felony and misdemeanor convictions. The Legislative Budget Board and State Comptroller calculated the fiscal impact and estimated revenue. Revenue has consistently been $10,500,000 and has not fallen short of that figure. Funds are collected in the counties, put in an escrow account, and transferred quarterly to the State fund. Any accrued interest is kept for administrative purposes.

Startup: The program began operation just a few months after legislation passed. Much of the startup work had already been completed by the time the legislation passed.

Advisory Board: Division for Rehabilitation Services, Finance and Appropriations Committees of the legislature, and the Legislative Budget Board.

Historically, there was an advisory board that reviewed and suggested changes to the program. This was discontinued in 2003.

Program Administration: Division for Rehabilitation Services which has responsibilities for Vocational Rehabilitation and Independent Living Services

Funding Priorities: All funds are directed towards consumer services.

Eligibility Criteria: To be eligible for the Comprehensive Rehabilitation Services program, the individual must have a traumatic brain injury and/or spinal cord injury that resulted in a substantial impediment to functioning independently. There must also be a reasonable expectation that the individual's ability to function within the family and/or community will improve with provision of services. In addition, the applicant must be 1) at least 16 years of age when services are completed, 2) a U.S. citizen or immigrant alien of the United States, 3) a resident of Texas for at least 6 months or have a family member living in Texas for at least 6 months who is or will become the applicant's primary caregiver, 4) sufficiently medically stable to participate actively in a program of services, and 5) willing to participate in treatment.

Program Operation and Restrictions: Funding decisions are made by vocational counselors based on collected documentation. The trust fund will pay for 1) 90 days at an inpatient, comprehensive medical rehabilitation program if the consumer is making progress and all other resources have been utilized, 2) 120 hours of outpatient therapy if the consumer is making progress and all other resources have been utilized, and 3) 6 months of post-acute rehabilitation services - residential or non-residential - services, if the consumer is making progress and all other resources have been utilized.

Additional services may be purchased while the consumer is receiving one of these three core services. Additional services include transportation, medication, assistive technology, personal attendant services, psychological services, orthotics and prosthetics. Once the limit on service is reached, a person cannot receive any more of that service. The exception is if there is a new TBI or spinal cord injury. There are no annual or lifetime caps on the amount of funding.

Emergency Requests: First come/first serve basis

Most Requested Service or Support: Post-acute brain injury rehabilitation

Number of Individuals Served Annually: 444 to 484 in the last 6 years

Average per Person Expenditure: Successful closures - $44,694, unsuccessful closures - $17,069, ineligible - $48

Waiting List: The agency maintains a waiting list. Sometimes, consumers must wait as long as 11 months for funding to become available.

Program Evaluation: A satisfaction survey for all division programs. Staff generally feels good about what the program has been able to accomplish but not good about consumers having to wait for services.

Program Changes: Texas found it cumbersome to deal with traffic fines so went to surcharges for all felony and misdemeanor convictions. Several times over the years, the amount of these fines has changed and the share for the program has changed. Also, the dedicated nature of the trust fund was removed so that funds could be used for emergency shortfalls (like Medicaid). The dedicated status was reinstated in the next legislative session.

Two changes the administering agency would like to see are 1) a better way to deal with the waiting list and, 2) the need for specific emergency services. It might be better to provide services over a longer period of time. Funds specifically for long term case management are critical but not included.

Advice to Other States:

- Collaborate with a broad base of people.
- Pick key supportive legislators. Utilize “big names” to bring weight to the process.
- Find consensus and a win/win scenario.

- Do not leave out consumers or their families.
- Utilize a funding source that is somehow tied to causes of TBI.
- Establish a process that can be sustained, change will be needed.

Additional Information: Policies are tied to vocational rehabilitation policies that also apply**.** The policy manual is huge and cannot be shared as a whole. Main principles can be shared. Contact Linda Jones, Manager, Texas Department of State Health Services, linda.jones@dshs.state.tx.us.

VIRGINIA

Background: In 2004**,** when Federal funding for research became scarce, a new Commonwealth Neurotrauma Initiative (CNI) Advisory Board member—who was also a neurosurgeon at one of Virginia's Level I Trauma Center teaching hospitals—approached the late Senator Emily Couric about sponsoring legislation to establish a fund for research on brain and spinal cord injury. The Brain Injury Association of VA and the Department of Rehabilitative Services were invited to the early discussions. Both groups agreed that research was critical but they also wanted legislation that included funding of post-acute, community rehabilitation projects.

The late Senator Couric put together a work group to look at various funding mechanisms. The Code of Virginia states that revenue from fines must support Virginia's Literary Fund. In addition, the Courts of Justice were not supportive of collecting additional fines. However, the Department of Motor Vehicles was amenable to adding a fee onto the cost of reinstating a driver's license following revocation or suspension. A lobbyist was secured to advocate for the fund.

Legislative Authority: In 1997 Senate Bill 1132 established the CNI trust fund for the purpose of improving the treatment and care of Virginians with traumatic spinal cord or brain injuries, and established the CNI Advisory Board for the purpose of administering the fund, in cooperation with the Commissioner of Health. State Bill 1132 did not include a funding mechanism for the CNI fund, but indicated that funding sources could include foundation and grant money, as well as private donations. In 1998 the General Assembly passed an amendment establishing a source of revenue for the CNI fund. Legislation is codified in 51.5 – 12.1 through 12.4 of the Virginia Code.

Revenue Source and Collections Process: The CNI Fund is an interest bearing, non-reverting fund. Its source of revenue is funds collected through a reinstatement fee that is charged upon restoring a driver operator's license to any person whose license has been revoked or suspended. This typically involves conviction for specified dangerous driving offenses such as DUI, hit-and-run, reckless driving, and failure to comply with conditions imposed upon license probation. In these cases, the Virginia Department of Motor Vehicles is authorized to collect an additional fee of $30. Of this fee, $25 goes to the Commonwealth Neurotrauma Initiative Fund and $5 goes to the Department of Motor Vehicles. However, if the driving offense is DUI-related, the $5 goes to the Virginia Alcohol Safety Action Program Commission (§ 46.2-411). The DMV deposits money into the State Treasury. The Department of Rehabilitative Services requests funds needed for operational and grant expenses during the upcoming fiscal year. Funds are transferred monthly from the State Treasury into the trust fund account. Annual revenue is about $1.2 million.

Startup: It took about 3.5 years from the time of initial legislation in 1997 to initiating the first grant cycle in 2001.

Here is the chronology:

- The law establishing the fund was passed in 1997.
- The funding mechanism was determined via legislative amendment in 1998.
- On December 14, 2000, the State Board of Health adopted final regulations for administering the fund.
- The CNI fund became effective February 14, 2001.
- The first grant cycle was initiated March 1, 2001. Initial legislation called for a 50-50 split in revenue between research and rehabilitation projects without regard to the cost of program administration. The language also referred to "prevention"—an activity normally associated with Department of Health—so the program was placed administratively within the Department of Health.
- An Act to amend and reenact section 46.2-411 of the Code of Virginia was approved on February 28, 2002, authorizing transfer of administrative authority from the State DOH to the Department of Rehabilitative Services. The act eliminated references to "prevention", and changed the proportionate shares to 47.5 percent for research on mechanisms and treatment of neurotrauma and 47.5 percent for community rehabilitative programs. Five percent was allowed for administration.

Advisory Board: There are seven members appointed by the Governor to the Commonwealth Neurotrauma Initiative Advisory Board for 4-year terms:

1) One person licensed to practice medicine in Virginia experienced with brain or spinal cord injury
2) One person licensed by a health regulatory board within the Department of Health with experience in brain or spinal cord injury rehabilitative programs or services
3) 4One Virginian with traumatic spinal cord injury or a caretaker thereof
4) One Virginian with traumatic brain injury or a caretaker thereof
5) One citizen-at-large who shall not be an elected or appointed public official
6) The Commissioner of Rehabilitative Services or designee
7) The State Health Commissioner or designee

Responsibilities include recommending 1) program regulations, 2) criteria for reviewing and ranking grant applications, 3) distribution of funds, 4) areas of research, 5) selection of reviewers, 6) reporting data. Recommendations are presented to the Governor and legislature on an annual basis. Board members are eligible to serve up to two, consecutive, 4-year terms.

Program Administration: Brain Injury & Spinal Cord Injury Services Unit of the Department of Rehabilitative Services.

Funding Priorities: 47.5 percent of the revenue is used to support applied research on the mechanisms and treatment of neurotrauma, 47.5 percent to support community-based rehabilitation projects, and 5 percent is set aside for program administration. Also, a provision in 2004 legislation gives the Commissioner of the Department of Rehabilitative Services the authority to reallocate up to $500,000 each year in unexpended balances to fund research grants.

Eligibility Criteria: Per legislative intent, funds are directed to projects that focus on traumatic brain or spinal cord injuries. Other eligibility criteria are project-specific.

Program Operation and Restrictions: DRS staff issue requests for proposals for research projects or community rehabilitation projects as grant funding is available. In the past, this has been done on a staggered schedule. Grants are awarded up to $150,000 per year on a reimbursement basis for no more than 3 years. A grant review committee reviews and ranks the proposals and makes recommendations for funding to the Advisory Board. The Advisory Board gives final approval. Out-of-state reviewers may be brought in to help review research project proposals. A fiscal specialist from the DRS Community Based Services Division sits on the review committee to assist with budgetary questions or concerns. At the present time, all funds have been committed through March 2006.

Examples of some community rehabilitation projects include: case management programs, brain injury clubhouses, handheld technology, rehabilitative equipment recycling, resource coordination, neuromuscular training, and laban movement analysis via dance.

Program Evaluation: In 2004 the Trust Fund Advisory Board approved use of administrative funds for formal, independent evaluation of community-based, rehabilitative, grant programs. Ongoing monitoring and evaluation occur via staff review of quarterly, or semi-annual, and annual reports required of grant recipients, as well as monthly fiscal review.

Program Changes: Suggested changes include a) raising the license reinstatement fee to generate additional revenue, and b) extending legislation that grants discretionary authority to the Commissioner to reallocate unexpended monies for research grants to community-based rehabilitation programs.

Advice to Other States: Operating a trust fund using a grant dissemination mechanism works well for research projects that a) use State dollars for lab techs and seed projects, and b) can ultimately attract Federal funding. Funding of community-based, rehabilitation programs has been more challenging because the need for direct services is so great. Once programs are up and running successfully, it has been difficult for them to face the reality of grant funds coming to an end. Many grant-funded programs approached the legislature for permanent funding and were awarded $825,000 in FY 2005 and $1,075,000 in FY 2006, keeping doors open for six, brain injury services programs.

Additional Information: Contact Kristie Chamberlain, CNI Trust Fund Program Manager, DRS, Kristie.Chamberlain@drs.virginia.gov, 804/662-7154, or Patricia Goodall, Director of Brain Injury and Spinal Cord Injury Services, DRS, Patti.Goodall@drs.virginia.gov, 804/662-7615. Also, see http://www.vacni.org.

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ALABAMA

Establishment & Administration: Code of Ala. § 32-5A-191.2 (2005)

32-5A-191.2. Impaired drivers trust fund; distribution of money

(a) Beginning October 1, 1994, moneys in the Impaired Drivers Trust Fund shall be distributed to the Division of Rehabilitation Services in the State Department of Education for the following purposes:

(1) As a payer of last resort for the costs of care provided in this state for citizens of this state who have survived neuro-trauma with head or spinal cord injuries. Expenditures for spinal cord injury and head injury care shall be made by the Division of Rehabilitation Services according to criteria established by the Impaired Drivers Trust Fund Advisory Board. Expenditures may include but need not be limited to, post acute medical care, rehabilitation therapies, medication, attendant care, home accessibility modification, and equipment necessary for activities of daily living.

(2) Public information, prevention education, and research coordinated by the Alabama Head Injury Foundation.

(b) The Division of Rehabilitation Services shall issue a report to the Legislature on the first day of the Regular Session of each year, summarizing the activities supported by the moneys from the additional fines levied in this section and Section 32-5A-191.1.

Revenue Source: Code of Ala. § 32-5A-191 (2005)

Section 32-5A-191 Driving while under influence of alcohol, controlled substances, etc.

(k) Except for fines collected for violations of this section charged pursuant to a municipal ordinance, fines collected for violations of this section shall be deposited to the State General Fund; however, beginning October 1, 1995, of any amount collected over two hundred fifty dollars ($ 250) for a first conviction, over five hundred dollars ($ 500) for a second conviction within five years, over one thousand dollars ($ 1,000) for a third conviction within five years, and over two thousand dollars ($ 2,000) for a fourth or subsequent conviction within five years, the first one hundred dollars ($ 100) of that additional amount shall be deposited to the Alabama Chemical Testing Training and Equipment Trust Fund, after three percent of the one hundred dollars ($ 100) is deducted for administrative costs, and beginning October 1, 1997, and thereafter, the second one hundred dollars ($ 100) of that additional amount shall be deposited in the Impaired Drivers Trust Fund after deducting five percent of the one hundred dollars ($ 100) for administrative costs and the remainder of the funds shall be deposited to the State General Fund. Fines collected for violations of this section charged pursuant to a municipal ordinance where the total fine is paid at one time shall be deposited as follows: The first three hundred fifty dollars ($ 350) collected for a first conviction, the first six hundred dollars ($ 600) collected for a second conviction within five years, the first one thousand one hundred dollars ($ 1,100) collected for a third conviction, and the first two thousand one hundred dollars ($ 2,100) collected for a fourth or subsequent conviction shall be deposited to the State Treasury with the first one hundred dollars ($ 100) collected for each conviction credited to the Alabama Chemical Testing Training and Equipment Trust Fund and the second one hundred dollars ($ 100) to the Impaired Drivers Trust Fund after deducting five percent of the one hundred dollars ($ 100) for

administrative costs and depositing this amount in the general fund of the municipality, and the balance credited to the State General Fund. Any amounts collected over these amounts shall be deposited as otherwise provided by law. Fines collected for violations of this section charged pursuant to a municipal ordinance, where the fine is paid on a partial or installment basis, shall be deposited as follows: The first two hundred dollars ($ 200) of the fine collected for any conviction shall be deposited to the State Treasury with the first one hundred dollars ($ 100) collected for any conviction credited to the Alabama Chemical Testing Training and Equipment Trust Fund and the second one hundred dollars ($ 100) for any conviction credited to the Impaired Drivers Trust Fund after deducting five percent of the one hundred dollars ($ 100) for administrative costs and depositing this amount in the general fund of the municipality. The second three hundred dollars ($ 300) of the fine collected for a first conviction, the second eight hundred dollars ($ 800) collected for a second conviction, the second one thousand eight hundred dollars ($ 1,800) collected for a third conviction, and the second three thousand eight hundred dollars ($ 3,800) collected for a fourth conviction shall be divided with 50 percent of the funds collected to be deposited to the State Treasury to be credited to the State General Fund and 50 percent deposited as otherwise provided by law for municipal ordinance violations. Any amounts collected over these amounts shall be deposited as otherwise provided by law for municipal ordinance violations. Notwithstanding any provision of law to the contrary, 90 percent of any fine assessed and collected for any DUI offense charged by municipal ordinance violation in district or circuit court shall be computed only on the amount assessed over the minimum fine authorized, and upon collection shall be distributed to the municipal general fund with the remaining 10 percent distributed to the State General Fund.

ARIZONA

Establishment & Administration: A.R.S. § 41-3203 (2004)

41-3203. Spinal and head injuries trust fund; purpose

A. The spinal and head injuries trust fund is established. The trust fund shall be administered by the director of the department of economic security, subject to legislative appropriation. The spinal and head injuries trust fund shall consist of revenues derived from assessments imposed pursuant to section 12-116.02 and distributed pursuant to section 36-2219.01, subsection B, paragraph 3.

B. On notice from the department of economic security, the state treasurer shall invest and divest monies in the fund as provided by section 35-313, and monies earned from investment shall be credited to the trust fund. Monies in the fund do not revert to the state general fund.

C. Trust fund monies shall be spent on approval of the department of economic security's rehabilitation services administration only if comparable resources are not available or are not able to be delivered in a timely manner and in accordance with guidelines for the following purposes:

1. Public information, prevention and education of the general public and professionals.

2. Rehabilitation, transitional living and equipment necessary for activities of daily living.

3. A portion of the disease surveillance system and statewide referral services for those with head and spinal injuries.

4. Costs incurred by the advisory council on spinal and head injuries established pursuant to section 41-3201.

5. Administrative costs incurred by the department of economic security to administer the provisions of this article.

Revenue Source: A.R.S. § 12-116.02 (2004)

12-116.02. Penalty assessments; fund deposits

A. In addition to any other penalty assessment provided by law, there shall be levied a penalty assessment in an amount of thirteen per cent on every fine, penalty and forfeiture imposed and collected by the courts for criminal offenses and civil penalties imposed and collected for a civil traffic violation and fine, penalty or forfeiture for a violation of the motor vehicle statutes, for a violation of any local ordinance relating to the stopping, standing or operation of a vehicle or for a violation of the game and fish statutes in title 17.

B. If any deposit of bail or bond or deposit for an alleged civil traffic violation is to be made for a violation, the court shall require a sufficient amount to include the penalty assessment prescribed in this section for forfeited bail, bond or deposit. If bail, bond or deposit is forfeited, the amount of such penalty assessment shall be transmitted by the court pursuant to subsection E of this

section. If bail, bond or deposit is returned, the penalty assessment made pursuant to this article shall also be returned.

C. After addition of the penalty assessment, the courts may round the total amount due to the nearest one-quarter dollar.

D. The judge may waive all or part of the civil penalty, fine, forfeiture and penalty assessment, except for civil penalties and fines that are mandatory, the payment of which would work a hardship on the persons convicted or adjudicated or on their immediate families. If a fine or civil penalty is mandatory, the judge may waive only all or part of the penalty assessments prescribed by subsection A of this section and section 12-116.01. If a fine or civil penalty is not mandatory and if a portion of the civil penalty, fine, forfeiture and penalty assessment is waived or suspended, the amount assessed must be divided according to the proportion that the civil penalty, fine, bail or bond, and the penalty assessment represent of the total amount due.

E. After a determination by the court of the amount due, the court shall transmit, on the last day of each month, the assessments collected pursuant to subsections A and B of this section and a remittance report of the fines, civil penalties and assessments collected pursuant to subsections A and B of this section to the county treasurer, except that municipal courts shall transmit the assessments and the remittance report of the fines, civil penalties and assessments to the city treasurer.

F. The thirteen per cent penalty assessment as required in subsection A of this section shall be transmitted by the appropriate authorities prescribed in subsection E of this section to the state treasurer on or before the fifteenth day of each month, for deposit in the medical services enhancement fund, established pursuant to section 36-2219.01.

G. Partial payments of the amount due shall be transmitted as required in subsections E and F of this section and shall be divided according to the proportion that the civil penalty, fine, bail or bond, and the penalty assessment, represent of the total amount due.

Revenue Source: A.R.S. § 36-2219.01 (2004)

36-2219.01. Medical services enhancement fund

A. A medical services enhancement fund is established consisting of monies collected pursuant to section 12-116.02. The state treasurer shall administer the fund.

B. On the first day of each month, the state treasurer shall distribute or deposit:

1. Fourteen and two-tenths per cent in the substance abuse services fund established pursuant to section 36-2005.

2. Forty-eight and nine-tenths per cent in the emergency medical services operating fund established pursuant to section 36-2218 of which at least eight per cent shall be used for personnel expenses, education, training and equipment purchases in cities or towns with a population of less than ninety thousand persons according to the most recent United States decennial census.

3. Twenty-two per cent in the spinal and head injuries trust fund established pursuant to section 41-3203.

4. Nine and four-tenths per cent in a separate account of the substance abuse services fund established by section 36-2005 for use in administering the provisions of section 36-141.

5. Five and five-tenths per cent in the state general fund.

C. Monies distributed pursuant to subsection B of this section constitute a continuing appropriation.

CALIFORNIA

Establishment & Administration: Cal Wel & Inst Code § 4358 (2005)

4358. Traumatic Brain Injury Fund

There is hereby created in the State Treasury the Traumatic Brain Injury Fund, the moneys in which may, upon appropriation by the Legislature, be expended for the purposes of this chapter.

Revenue Source: Cal Pen Code § 1464(f)(8) (A) (2005)

1464. Penalty assessment; Distribution of funds

(f)(8)(A) Once a month there shall be transferred into the Traumatic Brain Injury Fund, created pursuant to Section 4358 (see below) of the Welfare and Institutions Code, an amount equal to 0.66 percent of the state penalty funds deposited into the State Penalty Fund during the preceding month. However, the amount of funds transferred into the Traumatic Brain Injury Fund for the 1996-97 fiscal year shall not exceed the amount of five hundred thousand dollars ($500,000). Thereafter, funds shall be transferred pursuant to the requirements of this section. Notwithstanding any other provision of law, the funds transferred into the Traumatic Brain Injury Fund for the 1997-98, 1998-99, and 1999-2000 fiscal years, may be expended by the State Department of Mental Health, in the current fiscal year or a subsequent fiscal year, to provide additional funding to the existing projects funded by the Traumatic Brain Injury Fund, to support new projects, or to do both.

COLORADO

Establishment & Administration: C.R.S. 26-1-301 to 311 (2005)

26-1-301. Definitions

As used in sections 26-1-301 to 26-1-310, unless the context otherwise requires:

(1) "Board" means the Colorado traumatic brain injury board created pursuant to section 26-1-302.

(2) "Program" means the services provided pursuant to sections 26-1-303 and 26-1-304.

(3) "Traumatic brain injury" means injury to the brain caused by physical trauma resulting from but not limited to incidents involving motor vehicles, sporting events, falls, and physical assaults. Documentation of traumatic brain injury shall be based on adequate medical history, neurological examination, including mental status testing or neuropsychological evaluation. Where appropriate, neuroimaging may be used to support the diagnosis. A traumatic brain injury shall be of sufficient severity to produce partial or total disability as a result of impaired cognitive ability and physical function.

(4) "Trust fund" means the Colorado traumatic brain injury trust fund created in section 26-1-309.

26-1-302. Colorado traumatic brain injury board - creation - powers and duties

(1) There is hereby created the Colorado traumatic brain injury board within the department of human services. The board shall exercise its powers and duties as if transferred by a type 2 transfer.

(2) The Colorado traumatic brain injury board shall be composed of thirteen members including the executive director of the department or the executive director's designee, the president of a state brain injury association or the president's designee, the executive director of the department of public health and environment or the executive director's designee, and the following members who shall be appointed by the governor, with the consent of the senate:

(a) A neurologist who has experience working with persons with traumatic brain injuries;

(b) A neuropsychologist who has experience working with persons with traumatic brain injuries;

(c) A social worker or clinical psychologist experienced in working with persons who have sustained traumatic brain injuries;

(d) A rehabilitation specialist such as a speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist who has experience working with persons with traumatic brain injuries;

(e) A neurosurgeon or neuropsychiatrist who has experience working with persons with traumatic brain injuries;

(f) A clinical research scientist who has experience evaluating persons with traumatic brain injuries;

(g) Two persons who are family members of individuals with traumatic brain injuries or individuals with a traumatic brain injury; and

(h) Two members of the public who have experience with persons with traumatic brain injuries.

(3) Board members shall not be compensated for serving on the board, but may be reimbursed for all reasonable expenses related to such members' work for the board.

(4) Initial appointments to the board shall be made no later than March 1, 2003. The terms of appointed board members shall be three years; except that the terms of the appointed members who are initially appointed shall be staggered by the governor to end as follows:

(a) Four members on June 30, 2004;
(b) Three members on June 30, 2005; and
(c) Three members on June 30, 2006.
(5) No member may serve more than two consecutive terms.
(6) The appointed members of the board shall, to the extent possible, represent rural and urban areas of the state.
(7) The board shall annually elect, by majority vote, a chairperson from among the board members who shall act as the presiding officer of the board.
(8) (a) The board shall promulgate reasonable policies and procedures pertaining to the operation of the trust fund.
(b) The board may contract with entities to provide all or part of the services described in this part 3 for persons with traumatic brain injuries.
(c) The board may accept and expend gifts, grants, and donations for operation of the program.
(9) Article 4 of this title shall not apply to the promulgation of any policies or procedures authorized by subsection (8) of this section.

26-1-303. Administering entity for services for persons with traumatic brain injuries
(1) An administering entity under contract pursuant to section 26-1-302 may perform all or part of the administrative, eligibility, case management, and claims payment functions relating to the program, including:
(a) Assuring timely payment of grants or requests, including:
(I) Making available information relating to the proper manner of submitting a grant or request for benefits to the program and providing forms upon which submissions shall be made;
(II) Evaluating the eligibility of each grant or request for payment pursuant to guidelines established by the board;
(III) Notifying each applicant, within thirty days after receiving a properly completed and executed proof of grant or request, whether the grant or request is accepted or rejected;
(IV) Ensuring that each accepted grant or request is paid within forty-five days after its acceptance;
(b) Paying grant or request expenses from the moneys in the trust fund; and
(c) Determining the expense of administration and the paid and incurred losses for each year and reporting such information to the board.
(2) The administering entity shall be paid in compliance with policies and procedures established by the board.
(3) If the board does not contract with an administering entity to provide all or part of the services described in this part 3 for persons with traumatic brain injuries, the department shall undertake to provide such services to the best of its ability.

26-1-304. Services for persons with traumatic brain injuries - limitations - covered services
(1) Approximately sixty-five percent of the moneys collected for the trust fund pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S., shall be used to provide services to persons with traumatic brain injuries. Services provided pursuant to this section shall begin to be provided to persons with traumatic brain injuries no later than July 1, 2004.
(2) To be eligible for assistance from the trust fund, an individual shall have exhausted all other health or rehabilitation benefit funding sources that cover the services provided by the trust fund. An individual shall not be required to exhaust all private funds in order to be eligible for the

program. Individuals who have continuing health insurance benefits, including, but not limited to, medical assistance pursuant to article 4 of this title, may access the trust fund for services that are necessary but that are not covered by a health benefit plan, as defined in section 10-16-102 (21), C.R.S., or any other funding source.
(3) (a) All individuals receiving assistance from the trust fund shall receive case management services from the designated entity pursuant to section 26-1-303 or the department.
(b) The case management agency, in coordination with the eligible individual, the individual's family or guardian, and the individual's physician, shall include in each case plan a process by which the eligible individual may receive necessary care, which may include respite care, if the eligible individual's service provider is unavailable due to an emergency situation or unforeseen circumstances. The eligible individual and the individual's family or guardian shall be duly informed by the case management agency of these alternative care provisions at the time the case plan is initiated.
(4) The board may monitor, and, if necessary, implement criteria to ensure that there are no abuses in expenditures, including, but not limited to, reasonable and equitable provider's fees and services.
(5) (a) Services covered by the trust fund may include, but shall not be limited to:
(I) Case management;
(II) Community residential services;
(III) Structured day program services;
(IV) Psychological and mental health services for the individual with the traumatic brain injury and the individual's family;
(V) Prevocational services;
(VI) Supported employment;
(VII) Companion services;
(VIII) Respite care;
(IX) Occupational therapy;
(X) Speech and language therapy;
(XI) Cognitive rehabilitation;
(XII) Physical rehabilitation; and
(XIII) One-time home modifications.
(b) Covered services shall not include institutionalization, hospitalization, or medications.

26-1-305. Education about traumatic brain injury
Approximately five percent of the moneys collected for the trust fund pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S., shall be utilized to provide education for individuals with traumatic brain injuries and assist educators, parents, and nonmedical professionals in the identification of traumatic brain injuries so as to assist such persons in seeking proper medical intervention or treatment. Implementation of this section shall begin no later than April 1, 2004.

26-1-306. Research related to treatment of traumatic brain injuries - grants
(1) Approximately thirty percent of the moneys collected for the trust fund pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S., shall be utilized to support research related to the treatment and understanding of traumatic brain injuries. The board shall solicit applications for grants to be awarded pursuant to this section no later than October 1, 2004.

(2) The board shall award grants. Persons interested in a grant shall apply to the board in a manner prescribed by the board. The board may consult with educational institutions or other private institutions within Colorado and nationally regarding the merit of an application for a grant. The board shall determine the time frames and administration of the grant program.

26-1-307. Administrative costs
The administrative expenses of the board and the department shall be paid from moneys in the trust fund. The joint budget committee shall annually appropriate moneys from the fund to pay for the administrative expenses of the program.

26-1-308. General fund moneys
Except for initial computer programing costs for the department of revenue, it is the intent of the general assembly that no general fund moneys be appropriated for the implementation, operation, or administration of the trust fund and the services provided by the trust fund.

26-1-309. Trust fund
1) A trust fund to be known as the Colorado traumatic brain injury trust fund is hereby created and established in the state treasury. Such trust fund shall be comprised of moneys collected from surcharges assessed pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S.
(2) Gifts, grants, donations, or any other moneys that may be made available may be accepted by the trust fund or the board for purposes of the trust fund.
(3) The trust fund shall be a continuing trust fund. All interest earned upon moneys in the trust fund and deposited or invested may be invested in the types of investments authorized in sections 24-36-109, 24-36-112, and 24-36-113, C.R.S.

26-1-310. Reports to the general assembly
On February 1, 2004, and each February 1 thereafter, the board of directors shall report to the joint budget committee and the health, environment, welfare, and institutions committees of the house of representatives and the senate on the operations of the trust fund, the moneys expended, the number of individuals with traumatic brain injuries offered services, the research grants awarded and the progress on such grants, and the educational information provided pursuant to this article.

26-1-311. Repeal
Sections 26-1-301 to 26-1-311 are repealed, effective July 1, 2012.

Revenue Source: C.R.S. 42-4-1301(7) (d) (III) (2005)

42-4-1301. Driving under the influence - driving while impaired - driving with excessive alcoholic content - penalties.
(7) (d) (III) Persons convicted of DUI, DUI per se, DWAI, habitual user, and UDD are subject to a surcharge of fifteen dollars to be transmitted to the state treasurer who shall deposit said

surcharges in the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S.

Revenue Source: C.R.S. 42-4-1701(4) (e) (I&II) (2005)

42-4-1701. Traffic offenses and infractions classified - penalties - penalty and surcharge schedule - repeal.

(4) (e) (I) An additional ten dollars shall be assessed for speeding violations under sub-subparagraph (L) of subparagraph (I) of paragraph (a) of this subsection (4) in addition to the penalties and surcharge stated in said sub-subparagraph (L). Moneys collected pursuant to this paragraph (e) shall be transmitted to the state treasurer who shall deposit such moneys in the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S., within fourteen days after the end of each quarter, to be used for the purposes set forth in sections 26-1-301 to 26-1-310, C.R.S.

(II) If the surcharge is collected by a county or municipal court, the surcharge shall be twelve dollars of which two dollars shall be retained by the county or municipality and the remaining ten dollars shall be transmitted to the state treasurer and credited to the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S., within fourteen days after the end of each quarter, to be used for the purposes set forth in sections 26-1-301 to 26-1-310, C.R.S.

Revenue Source: C.R.S. 30-15-402 (3) (2005)

30-15-402. Violations - penalty - surcharges - victim and witness assistance - traumatic brain injury trust fund.

(3) In addition to the penalties prescribed in subsection (1) of this section, persons convicted of operating a vehicle in excess of the speed limit in violation of an ordinance adopted pursuant to section 30-15-401 (1) (h) are subject to a surcharge of ten dollars that shall be paid to the clerk of the court by the defendant. Each clerk shall transmit the moneys to the state treasurer, who shall credit the same to the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S.

CONNECTICUT

Establishment & Administration: Conn. Gen. Stat. § 14-295b

14-295b. Brain injury prevention and services account.

There is established a brain injury prevention and services account which shall be a separate, nonlapsing account within the General Fund. The account shall contain all moneys required by law to be deposited in the account. Investment earnings from any moneys in the account shall be credited to the account and shall become part of the assets of the account. Any balance remaining in the account at the end of any fiscal year shall be carried forward in the account for the fiscal year next succeeding. The moneys in the account shall be allocated to the Department of Social Services for the purpose of providing grants to the Brain Injury Association of Connecticut.

Revenue Source: Conn. Gen. Stat. § 14-295a

14-295a. Assessment for certain bond forfeitures and certain payments of fines by mail.

An assessment of five dollars shall be imposed against any person who is convicted of a violation of section 14-219, 14-222 or 14-227a who forfeits a cash bond or guaranteed bail bond certificate posted under section 14-140a or under reciprocal agreements made with other states for the alleged violation of any of said sections or who pleads nolo contendere to a violation of section 14-219 and pays the fine by mail. Such assessment shall be in addition to any fee, cost or surcharge imposed pursuant to any other provision of the general statutes. All assessments collected pursuant to this section shall be deposited in the General Fund and credited to the brain injury prevention and services account established under section 14-295b.

FLORIDA

Establishment & Administration: Fla. Stat. § 318.79 (2005)

381.79 Brain and Spinal Cord Injury Program Trust Fund.

(1) There is created in the State Treasury the Brain and Spinal Cord Injury Program Trust Fund. Moneys in the fund shall be appropriated to the department for the purpose of providing the cost of care for brain or spinal cord injuries as a payor of last resort to residents of this state, for multilevel programs of care established pursuant to s. 381.75.

(a) Authorization of expenditures for brain or spinal cord injury care shall be made only by the department.

(b) Authorized expenditures include acute care, rehabilitation, transitional living, equipment and supplies necessary for activities of daily living, public information, prevention, education, and research. In addition, the department may provide matching funds for public or private assistance provided under the brain and spinal cord injury program and may provide funds for any approved expansion of services for treating individuals who have sustained a brain or spinal cord injury.

(2) The department shall issue a report to the President of the Senate and the Speaker of the House of Representatives by March 1 of each year, summarizing the activities supported by the trust fund.

(3) (a) Annually, 5 percent of the revenues deposited monthly in the fund pursuant to s. 318.21(2)(d) shall be appropriated to the University of Florida and 5 percent to the University of Miami for spinal cord injury and brain injury research. The amount to be distributed to the universities shall be calculated based on the deposits into the fund for each quarter in the fiscal year, but may not exceed $ 500,000 per university per year. Funds distributed under this subsection shall be made in quarterly payments at the end of each quarter during the fiscal year.

(4) The Board of Regents shall establish a program administration process which shall include: an annual prospective program plan with goals, research design, proposed outcomes, a proposed budget, an annual report of research activities and findings, and an annual end-of-year financial statement. Prospective program plans shall be submitted to the Board of Regents, and funds shall be released upon acceptance of the proposed program plans. The annual report of research activities and findings shall be submitted to the Board of Regents, with the executive summaries submitted to the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Health.

(5) Moneys received under s. 381.785 shall be deposited into the trust fund and used for the purposes specified in subsection (1).

(6) The department may accept, deposit into the trust fund, and use for carrying out the purposes of this part gifts made unconditionally by will or otherwise. Any gift made under conditions that, in the judgment of the department, are proper and consistent with this section, the laws of the United States, and the laws of this state may be accepted and shall be held, invested, reinvested, and used in accordance with the conditions of the gift.

Revenue Source: Fla. Stat. § 320.131(2) (2005)

320.131. Temporary tags

(2) The department is authorized to sell temporary tags, in addition to those listed above, to their agents and where need is demonstrated by a consumer complainant. The fee shall be $ 2 each. One dollar from each tag sold shall be deposited into the Brain and Spinal Cord Injury Rehabilitation Trust Fund, with the remaining proceeds being deposited into the Highway Safety Operating Trust Fund.

Revenue Source: Fla. Stat. § 381.21(2)(d) (2005)

318.21 Disposition of civil penalties by county courts.

--All civil penalties received by a county court pursuant to the provisions of this chapter shall be distributed and paid monthly as follows:

(2) Of the remainder:

(d) Eight and two-tenths percent shall be remitted to the Department of Revenue for deposit in the Brain and Spinal Cord Injury Rehabilitation Trust Fund for the purposes set forth in s. 381.79.

Revenue Source: Fla. Stat. § 938.07 (2005)

938.07. Driving or boating under the influence

Notwithstanding any other provision of s. 316.193 or s. 327.35, a court cost of $ 135 shall be added to any fine imposed pursuant to s. 316.193 or s. 327.35. The clerks shall remit the funds to the Department of Revenue, $ 25 of which shall be deposited in the Emergency Medical Services Trust Fund, $50 shall be deposited in the Criminal Justice Standards and Training Trust Fund of the Department of Law Enforcement to be used for operational expenses in conducting the statewide criminal analysis laboratory system established in s. 943.32, and $60 shall be deposited in the Brain and Spinal Cord Injury Rehabilitation Trust Fund created in s. 381.79.

GEORGIA

Establishment & Administration: O.C.G.A. § 15-21-148 (2005)

15-21-148. Creation of the Brain and Spinal Injury Trust Fund

(a) There is created the Brain and Spinal Injury Trust Fund as a separate fund in the state treasury. The director of the Office of Treasury and Fiscal Services shall credit to the trust fund all amounts transferred to such fund and shall invest the trust fund moneys in the same manner as authorized for investing other moneys in the state treasury.

(b) The commission may authorize the disbursement of available money from the trust fund, after appropriation thereof, for purposes of providing care and rehabilitative services to citizens of the state who have survived neurotrauma with head or spinal cord injuries, to a person, entity, or program eligible pursuant to criteria to be set by such commission. The commission may also authorize the disbursement of trust fund money for the actual and necessary operating expenses that the commission incurs in performing its duties; provided, however, that such disbursements shall be kept at a minimum in furtherance of the primary purpose of the trust fund which is to disburse money to provide care and rehabilitative services for persons with brain or spinal cord injuries.

(c) No funds shall be disbursed from the trust fund to any person, entity, or program or for any purpose authorized in subsection (b) of this Code section until approved by the Governor; provided, however, that the Governor may not authorize the disbursement of funds to a person, entity, or program which the commission has not recommended for a grant.

Revenue Source: O.C.G.A. § 15-21-149 (2005)

15-21-149. Fines; penalties

(a) In every case in which any court in this state shall impose a fine, which shall be construed to include costs, for any violation of Code Section 40-6-391, relating to driving under the influence of alcohol or drugs, or for violations of ordinances of political subdivisions which have adopted by reference Code Section 40-6-391, there shall be imposed as an additional penalty a sum equal to 10 percent of the original fine.

(b) Such sums shall be in addition to any amount required to be paid into any pension, annuity, or retirement fund under Title 47 or any other law and in addition to any other amounts provided for in this chapter.

HAWAII

Establishment & Administration: HRS § 321H-4 (2004)

321H-4 Neurotrauma special fund

(a) There is established the neurotrauma special fund to be administered by the department with advisory recommendations from the neurotrauma advisory board. The fund shall consist of:

(1) Moneys raised pursuant to the surcharges levied under sections 291-11.5, 291-11.6, 291C-12, 291C-12.5, 291C-12.6, 291C-102, and 291E-61;

(2) Federal funds granted by Congress or executive order, for the purpose of this chapter; provided that the acceptance and use of federal funds shall not commit state funds for services and shall not place an obligation upon the legislature to continue the purpose for which the federal funds are made available; and

(3) Funds appropriated by the legislature for the purpose of this chapter.

(b) The fund shall be used for the purpose of funding and contracting for services relating to neurotrauma as follows:

(1) Education on neurotrauma;

(2) Assistance to individuals and families to identify and obtain access to services;

(3) Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information; and

(4) Necessary administrative expenses to carry out this chapter not to exceed two per cent of the total amount collected.

(c) Moneys in the neurotrauma special fund may be appropriated to obtain federal and private grant matching funds, subject to section 321H-4(a)(2).

(d) In administering the fund, the director shall maintain records of all expenditures and disbursements made from the neurotrauma special fund.

(e) The director shall submit to the legislature an annual report on the activities under the neurotrauma special fund no later than twenty days prior to the convening of each regular session.

Revenue Source: HRS § 291-11.5(e) (2004)

291-11.5 Child passenger restraints

(e) Violation of this section shall be considered an offense as defined under section 701-107(5) and shall subject the violator to the following penalties:

(1) For a first conviction, the person shall:

(D) Pay a $10 surcharge to be deposited into the neurotrauma special fund.

(2) For a conviction of a second offense, the person shall:

(D) Pay a $10 surcharge to be deposited into the neurotrauma special fund.

(3) For a conviction of a third or subsequent offense, the person shall:

(D) Pay a $10 surcharge to be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291-11.6(e) (2004)

291-11.6 Mandatory use of seat belts, when, penalty

(e) A person who fails to comply with the requirements of this section shall be subject to a fine of $45 for each violation and a surcharge of $10 which shall be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291C-12(d) (2004)

291C-12 Accidents involving death or serious bodily injury

(d) For any violation under this section, a surcharge of $500 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291C-12.5(c) (2004)

291C-12.5 Accidents involving substantial bodily injury

(c) For any violation under this section, a surcharge of $250 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291C-12.6(c) (2004)

291C-12.6 Accidents involving bodily injury

(c) For any violation under this section, a surcharge of $100 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291C-102(c) (2004)

291C-102 Noncompliance with speed limit prohibited

(c) If the maximum speed limit is exceeded by more than ten miles per hour, a surcharge of $10 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291E-61(b) (2004)

291E-61 Operating a vehicle under the influence of an intoxicant

(b) A person committing the offense of operating a vehicle under the influence of an intoxicant shall be sentenced as follows without possibility of probation or suspension of sentence:

(1) For the first offense, or any offense not preceded within a five-year period by a conviction for an offense under this section or section 291E-4(a):

(D) A surcharge of $25 to be deposited into the neurotrauma special fund;

(2) For an offense that occurs within five years of a prior conviction for an offense under this section or section 291E-4(a) by:

(D) A surcharge of $25 to be deposited into the neurotrauma special fund;

(3) For an offense that occurs within five years of two prior convictions for offenses under this section or section 291E-4(a):

(D) A surcharge of $25 to be deposited into the neurotrauma special fund.

KENTUCKY

Establishment & Administration: KRS § 211.470 to 478 (2004)

211.470. Definitions for KRS 211.470 to 211.478

As used in KRS 211.470 to 211.478:

(1) "Board" means the Traumatic Brain Injury Trust Fund Board created pursuant to KRS 211.472;

(2) "Cabinet" means the Cabinet for Health Services.

(3) "Traumatic brain injury" means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. "Traumatic brain injury" does not include:

(a) Strokes that can be treated in nursing facilities providing routine rehabilitation services;

(b) Spinal cord injuries for which there are no known or obvious injuries to the intracranial central nervous system;

(c) Progressive dementias and other mentally impairing conditions;

(d) Depression and psychiatric disorders in which there is no known or obvious central nervous system damage;

(e) Mental retardation and birth defect related disorders of long standing nature; or

(f) Neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.

(4) "Trust fund" means the traumatic brain injury trust fund created pursuant to KRS 211.476.

211.472. Kentucky Traumatic Brain Injury Trust Fund Board

(1) The Kentucky Traumatic Brain Injury Trust Fund Board is hereby created for the purpose of administering the trust fund. The board shall be composed of nine (9) members including the secretary of the Cabinet for Health Services or the secretary's designee, the executive director of the Brain Injury Association of Kentucky or the executive director's designee, the state medical epidemiologist, and the following members, to be appointed by the Governor:

(a) One (1) member shall be a neurosurgeon;

(b) One (1) member shall be a neuropsychologist or psychiatrist;

(c) One (1) member shall be a rehabilitation specialist;

(d) One (1) member shall be a social worker experienced in working with brain-injured individuals; and

(e) Two (2) members shall be family members of or individuals with a brain injury.

(2) Board members shall not be compensated for serving, but shall be reimbursed for ordinary travel expenses, including meals and lodging incurred in the performance of their duties.

(3) The terms of appointed board members shall be four (4) years, except that the terms of initial members shall be staggered to end as follows:
(a) Two (2) on June 30, 2000;
(b) Two (2) on June 30, 2001; and
(c) Two (2) on June 30, 2002.

(4) At the end of a term, a member shall continue to serve until a successor is appointed and qualifies. A member who is appointed after a term has begun shall serve the rest of the term and until a successor is appointed and qualifies. A member who serves two (2) consecutive four (4) year terms shall not be reappointed for four (4) years after completion of those terms.

(5) A majority of the full authorized membership shall constitute a quorum.

(6) The board shall elect, by a majority vote, a director who shall be the presiding officer of the board, preside at all meetings, and coordinate the functions and activities of the board. The director shall be elected or reelected for each calendar year.

(7) The board may establish any organizational structure it determines is necessary to accomplish its functions and duties, including the hiring of any necessary support personnel. The administrative costs of the board shall be limited to three percent (3%) of the proceeds from the trust fund.

(8) Meetings of the board shall be held at least twice a year but may be held more frequently, as deemed necessary, subject to call by the director or by the request of a majority of the board members.

(9) The board shall be attached to the cabinet for administrative purposes.

211.474. Operating parameters -- Duties
The board shall:
(1) Promulgate administrative regulations necessary to carry out the provisions of KRS 211.470 to 211.478;

(2) Formulate policies and procedures for determining individual eligibility for assistance from the trust fund in accordance with the following guidelines:
(a) The trust fund shall serve as a funding source of last resort for residents of the Commonwealth of Kentucky. To be eligible for assistance from the trust fund, an individual must have exhausted all other funding sources that cover the type of services sought through the trust fund. Individuals who have continuing health insurance benefits, including Medicaid, may access the trust fund for services that are needed but not covered by insurance or any other funding source. Individuals who qualify for institutional care through Medicaid shall not qualify for services through the trust fund;
(b) All individuals receiving assistance from the fund shall receive case management services;

(c) Expenditures on behalf of any one (1) brain-injured individual may not exceed fifteen thousand dollars ($ 15,000) for any twelve (12) month period, and may not exceed a lifetime maximum of sixty thousand dollars ($ 60,000). At its discretion and subject to fund availability, the board may waive the expenditure or time limitations or both in special circumstances;

(d) Services covered by the trust fund shall include:

1. Case management;
2. Community residential services;
3. Structured day program services;
4. Psychological and mental health services;
5. Prevocational services;
6. Supported employment;
7. Companion services;
8. Respite care;
9. Occupational therapy; and
10. Speech and language therapy;

(e) Covered services shall not include institutionalization, hospitalization, or medications;

(3) Establish a confidential medical registry for traumatic brain and spinal cord injuries occurring in the Commonwealth of Kentucky, or to residents of the Commonwealth of Kentucky.

(a) The board may promulgate administrative regulations requiring licensed or certified professionals or health services providers to report the occurrence of brain and spinal cord injuries, relevant medical and epidemiological information about the injuries, and other information describing the circumstances of the injury to the board or its designated agent. The reporting of data by licensed hospitals under this section shall be limited to that which is reported to the cabinet pursuant to KRS 216.2920 to 216.2929 and the board shall obtain this data from the cabinet. Each licensed hospital shall grant the board, upon presentation of proper identification, access to the medical records of patients with reportable brain and spinal cord injuries for the sole purpose of collecting additional information that is not available in the data obtained from the cabinet. All costs associated with copying medical records shall be borne by the board. No liability of any kind shall arise or be enforced against any licensed hospital or hospital employee for providing the board access to a patient's medical record.

(b) The board and its designated agent, if one is appointed, shall observe the same confidentiality requirements established for the Kentucky birth surveillance registry in KRS 211.670;

(4) Investigate the needs of brain-injured individuals and identify gaps in current services;

(5) Assist the cabinet in developing programs for brain-injured individuals;

(6) Monitor and evaluate services provided by the trust fund; and

(7) Provide the Governor, the General Assembly, and the Legislative Research Commission an annual report by January 1 of each year summarizing the activities of the board and the trust fund.

211.476. Traumatic brain injury trust fund
(1) The traumatic brain injury trust fund is created as a separate revolving fund.

(2) The trust fund may receive the proceeds from grants, contributions, appropriations, and any other moneys that may be made available for the purposes of the trust fund.

(3) Expenditures from the trust fund on behalf of the medical registry created under KRS 211.474 shall not exceed one hundred twenty-five thousand dollars ($ 125,000) for any fiscal year.

(4) Funds unexpended at the close of a fiscal year shall not lapse but shall be carried forward to the next fiscal year.

(5) Any interest earnings of the trust fund shall become a part of the trust fund and shall not lapse to the general fund.

211.478. Distribution of trust fund moneys
Trust fund moneys shall be distributed for the following purposes:

(1) To provide services to individuals suffering from conditions that qualify for assistance from the fund, in accordance with criteria established by the board in KRS 211.474;

(2) To establish and maintain a state medical registry for traumatic brain and spinal cord injuries; and

(3) To meet the obligations incurred by the board in meeting its duties in accordance with the provisions of KRS 211.472 and 211.474.

Revenue Source: KRS § 42.320(2)(c-d) (2004)

42.320. Court cost distribution fund -- Disbursements -- Payments into general fund
(1) There is hereby established the court cost distribution fund, which is created to provide a central account into which the court costs collected by all circuit clerks, under KRS 23A.205(1) and 24A.175(1), shall be paid.

(2) The fund shall be administered by the Finance and Administration Cabinet, which shall make monthly disbursements from the fund according to the following schedule:
(c) Six and one-half percent (6.5%) of each court cost, up to three million two hundred fifty thousand dollars ($ 3,250,000), shall be paid into the spinal cord and head injury research trust fund created in KRS 211.504;

(d) Five and one-half percent (5.5%) of each court cost, up to two million seven hundred fifty thousand dollars ($ 2,750,000), shall be paid into the traumatic brain injury trust fund created in KRS 211.476.

LOUISIANA

Establishment & Administration, and Revenue Source: La. R.S. 46:2633 (2005), and La. R.S. 46:2635 (2005)

RS 46:2633 Traumatic Head and Spinal Cord Injury Trust Fund

A. There is hereby established a special fund in the state treasury to be known as the Traumatic Head and Spinal Cord Injury Trust Fund which shall consist of monies collected from an additional fee imposed on all motor vehicle violations for driving under the influence, reckless operation, and speeding in this state. In addition, the legislature may make annual appropriations to the trust fund for the purpose set forth in this Chapter to the extent that state general funds are available.

B.(1)(a) Beginning January 1, 1994, in addition to all fines, fees, costs, and punishment prescribed by law, there shall be imposed an additional fee of twenty-five dollars on driving under the influence offenses, five dollars on reckless driving operation offenses, and five dollars on speeding offenses.

(b) Beginning July 1, 2000, the additional fees imposed pursuant to Subparagraph (a) of this Paragraph shall be as follows:

(i) A fee of five dollars on reckless driving offenses.

(ii) A fee of five dollars on speeding offenses.

(iii) A fee of twenty-five dollars on first convictions of operating a vehicle while intoxicated offenses.

(iv) A fee of fifty dollars on second convictions of operating a vehicle while intoxicated offenses.

(v) A fee of one hundred dollars on third convictions of operating a vehicle while intoxicated offenses.

(vi) A fee of two hundred fifty dollars on fourth or subsequent convictions of operating a vehicle while intoxicated offenses.

(2) In the event that payment arrangements for other fines, fees, costs, and punishments are made to provide an offender the opportunity to make restitution over an extended period of time, the fee imposed under Paragraph (1) shall be collected in priority after costs of court.

C. All monies collected under this Chapter shall be forwarded by the officer of the court who collects the same to the state treasurer within thirty days after the penalty or forfeiture is collected. After deposit in the Bond Security and Redemption Fund as required by Article VII, Section 9(B) of the Constitution of Louisiana, an amount equal to that deposited as required by Subsection A of this Section shall be credited to the Traumatic Head and Spinal Cord Injury Trust Fund account under the Department of Social Services, office of rehabilitation services. All unexpended and unencumbered monies in the fund at the end of the fiscal year shall remain in the fund. The monies in this fund shall be invested by the state treasurer in the same manner as monies in the state general fund, and interest earned on the investment of these monies shall be credited to the fund, following compliance with the requirement of Article VII, Section 9(B) relative to the Bond Security and Redemption Fund.

D. (1) The monies in the fund shall be used solely for programs designed to provide services to Louisiana citizens disabled by traumatic head and spinal cord injuries, for the administrative

costs of the programs, reimbursement of travel expenses of members of the Traumatic Head and Spinal Cord Injury Trust Fund Advisory Board which are incurred in the discharge of their duties, and as provided in Paragraph (2) of this Subsection. Disbursement of the amount appropriated to the department each year shall be made as determined by the board.

(2) The board may authorize disbursement of an amount not to exceed fifty thousand dollars per year for the establishment and operation of an information resource center.

E. The board shall determine the eligibility of programs to receive funding and the administration of the fund shall be exercised by the Department of Social Services, office of rehabilitation services, in accordance with this Chapter.

46:2635. Expenditures

A. Except as provided in R.S. 46:2633(D)(2), money in the trust fund shall be distributed for the sole purpose of funding the cost of care for traumatic head and spinal cord injury, including the administrative costs. The fund shall be considered as a source of last resort after private and governmental sources have been expended for Louisiana citizens.

B. Authorization of expenditures for spinal cord injury care and head injury care shall be made by the office of rehabilitation services according to criteria established by the board.

C. Expenditures may include but are not limited to post-acute medical care rehabilitation, therapies, medication, attendant care, and equipment necessary for activities of daily living.

D. (1) Except as provided in Paragraph (2) of this Subsection, expenditures on behalf of any one traumatic head or spinal cord injury survivor shall not exceed fifteen thousand dollars for any twelve-month period nor fifty thousand dollars in total expenditures.

(2) If the total expenditures on behalf of any one traumatic head or spinal cord injury survivor exceed fifty thousand dollars, the survivor may be eligible for additional expenditures on behalf of the survivor if funds are appropriated specifically for that purpose in addition to the funds collected pursuant to R.S. 46:2633(B), provided that the total amount of expenditures on behalf of any one traumatic head or spinal cord injury survivor shall not exceed fifteen thousand dollars per year nor one hundred thousand dollars in total expenditures.

E. The administrative costs of the program shall be funded and paid for exclusively from the fund.

MASSACHUSETTS

Establishment & Administration: ALM GL ch. 10, § 59 (2005)

59. Head Injury Treatment Services Trust Fund.

There is hereby established on the books of the commonwealth a separate fund known as the Head Injury Treatment Services Trust Fund. Said trust fund shall consist of monies paid to the commonwealth pursuant to sections 20 and 24 of chapter 90 and any interest or investment earnings on such monies, except for monies deposited in the Spinal Cord Injury Trust Fund under section 59A. The state treasurer, ex officio, shall be the custodian of said trust fund and shall receive, deposit and invest all monies transmitted to him under the provisions of this section and shall credit interest and earnings on the trust fund to said trust fund. Funds collected pursuant to said section 24 shall be expended without further appropriation for the purpose of developing and maintaining nonresidential rehabilitation services for head injured persons in such manner as the commissioner of rehabilitation may direct. Funds collected pursuant to said section 20 shall be expended without further appropriation for the purpose of developing and maintaining residential and nonresidential rehabilitation services for head injured persons in such manner as the commissioner of rehabilitation may direct. In order to ensure that said services established by the commissioner continue without interruption, the comptroller may certify for payment amounts in anticipation of revenues collected for the corresponding quarter during the previous fiscal year.

Revenue Source: ALM GL ch. 90, § 20 (2005)

20. Penalties and Punishments.

A person convicted of a violation of any provision of this chapter the punishment for which is not otherwise provided, or of a violation of any rule or regulation of the registrar made under authority of section thirty-one, shall be punished by a fine of not more than thirty-five dollars for the first offense, not less than thirty-five nor more than seventy-five dollars for a second offense, and not less than seventy-five nor more than one hundred and fifty dollars for subsequent offenses committed during any twelve-month period; provided, however, that any person convicted of operating a motor vehicle without having been issued a license by the registrar shall be punished by a fine of not less than one hundred nor more than two hundred dollars; provided, however, that any person convicted of operating or permitting the operation of a school bus carrying passengers in excess of the number authorized under section seven B shall be punished by a fine of not more than one hundred dollars or by imprisonment for not more than thirty days, or both, and that any person convicted of violating any of the provisions of section sixteen shall be punished by a fine of not less than twenty nor more than one hundred dollars, and that any person convicted of operating a motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit in violation of section nineteen shall be punished by a fine of not more than one hundred dollars and that any person convicted of knowingly operating a motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit or any owner or bailee convicted of requiring or permitting the operation thereof in violation of section nineteen A or of the terms of any permit issued under sections thirty and thirty A of chapter eighty-five shall be punished by a fine of forty dollars for each one thousand pounds of weight or fraction thereof by which the gross weight of such motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit as operated exceeds either that

permitted by said section nineteen A or by permit issued for such motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit under sections thirty and thirty A of chapter eighty-five, whichever is greater; provided, further, that if the total of such excess weight is greater than ten thousand pounds, the fine shall be eighty dollars for each one thousand pounds or fraction thereof over said ten thousand pounds; and, provided further, that in a case of so-called irreducible loads, if the owner or bailee of the motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit, or his agent, servant or employee did not have reasonable means or opportunity to ascertain the weight of the load prior to applying for the permit, then the fine shall be ten dollars for each one thousand pounds of weight by which the gross weight of such motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit as operated exceeds either that permitted by said section nineteen A or section thirty A or the gross weight specified in such permit but in no event more than five hundred dollars.

Any person convicted of a violation of the provisions of section seventeen, or of a violation of a special regulation lawfully made under the authority of section eighteen shall be punished by a fine of not less than fifty dollars. Where said conviction is for operating a vehicle at a rate of speed exceeding ten miles per hour over the speed limit for the way upon which the person was operating, an additional fine of ten dollars for each mile per hour in excess of the ten miles per hour shall be assessed.

Any person convicted of a violation of the provisions of section seventeen while operating any motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit under a permit issued under sections thirty and thirty A of chapter eighty-five and while the weight of such motor vehicle, trailer, semitrailer, semitrailer unit or tandem unit exceeds the limits provided in section nineteen A, exclusive of the additional limits provided in such permit, shall be punished by a fine of not more than one hundred dollars for the first offense, not less than one hundred nor more than one hundred and fifty dollars for a second offense committed in any twelve-month period, and not less than one hundred and fifty nor more than three hundred dollars for subsequent offenses committed in any twelve-month period, and complaints of such violations, notwithstanding the subsequent provisions of this section shall not be placed on file by the court.

There shall be a surcharge of $ 50 on a fine assessed against a person convicted or found responsible of a violation of section 17 or a violation of a special regulation lawfully made under the authority of section 18. The first $ 25 of each surcharge shall be transferred by the registrar of motor vehicles to the state treasurer for deposit into the Head Injury Treatment Services Trust Fund. The remaining amount shall be transferred by the registrar to the state treasurer for deposit in the General Fund.

Upon a third or subsequent conviction in the same twelve month period of a violation of section sixteen or section seventeen or of a regulation made under section eighteen said violation having occurred in the same year, the registrar shall forthwith revoke the license of the person convicted, and no new license shall be issued to such person for at least thirty days after the date of such revocation, nor thereafter except in the discretion of the registrar; provided, however, that a holder of a junior operator's license who is convicted of a violation under section 17, or section 17A or 17B, or under a special regulation under section 18 shall, in addition to any other penalty, fine, suspension, revocation or requirement that may be imposed for such violation,

have such license suspended for a period of 180 days for a second offense and for a period of one year for a third or subsequent offense. In addition to any reinstatement fee, there shall be a surcharge of $ 50, assessed against a person who seeks to have his license reinstated following a revocation or suspension under this paragraph. The first $ 25 of each surcharge shall be transferred by the registrar of motor vehicles to the state treasurer for deposit into the Spinal Cord Injury Trust Fund. The remaining amount shall be transferred by the registrar to the state treasurer for deposit in the General Fund.

Any person who operates and any person who owns or permits to be operated a motor vehicle or trailer that fails to meet the safety standards established by the registrar pursuant to section 7A shall be punished by a fine of $ 25. Any person who owns and fails to have inspected a motor vehicle owned by him, as required pursuant to section 7A or 7V of this chapter or sections 142J and 142M of chapter 111 or any person who operates or permits a motor vehicle owned by him to be operated without a certificate of inspection or a certificate of rejection displayed in accordance with the provisions of said section 7A or 7V or said sections 142J or 142M and the rules and regulations promulgated thereunder shall be punished by a fine of $ 50. Any motor vehicle which is required to be inspected pursuant to the provisions of said section 7A and said section 142J or 142M and fails to meet the requirements of such inspection and has not been issued a certificate of waiver under the provisions of clause (b) of the first paragraph of said section 7V or said section 142M shall be subject to suspension or revocation of the certificate of registration as may be prescribed by the registrar under section 22.

Revenue Source: ALM GL ch. 90, § 24 (2005)

24. Driving Under the Influence of Intoxicating Liquor or Controlled Substance.

(1) (a) (1) Whoever, upon any way or in any place to which the public has a right of access, or upon any way or in any place to which members of the public have access as invitees or licensees, operates a motor vehicle with a percentage, by weight, of alcohol in their blood of eight one-hundredths or greater, or while under the influence of intoxicating liquor, or of marijuana, narcotic drugs, depressants or stimulant substances, all as defined in section one of chapter ninety-four C, or the vapors of glue shall be punished by a fine of not less than five hundred nor more than five thousand dollars or by imprisonment for not more than two and one-half years, or both such fine and imprisonment.

There shall be an assessment of $250 against a person who, by a court of the commonwealth, is convicted of, is placed on probation for, or is granted a continuance without a finding for or otherwise pleads guilty to or admits to a finding of sufficient facts of operating a motor vehicle while under the influence of intoxicating liquor, marijuana, narcotic drugs, depressants or stimulant substances under this section; but $125 of the $250 collected under this assessment shall be deposited by the court with the state treasurer into the Head Injury Treatment Services Trust Fund, and the remaining amount of the assessment shall be credited to the General Fund. In the discretion of the court, an assessment under this paragraph may be reduced or waived only upon a written finding of fact that such payment would cause the person against whom the assessment is imposed severe financial hardship. Such a finding shall be made independently of a finding of indigency for purposes of appointing counsel. If the person is sentenced to a correctional facility in the commonwealth and the assessment has not been paid, the court shall note the assessment on the mittimus.

(2) (a) Whoever upon any way or in any place to which the public has a right of access, or any place to which members of the public have access as invitees or licensees, operates a motor vehicle recklessly, or operates such a vehicle negligently so that the lives or safety of the public might be endangered, or upon a bet or wager or in a race, or whoever operates a motor vehicle for the purpose of making a record and thereby violates any provision of section seventeen or any regulation under section eighteen, or whoever without stopping and making known his name, residence and the register number of his motor vehicle goes away after knowingly colliding with or otherwise causing injury to any other vehicle or property, or whoever loans or knowingly permits his license or learner's permit to operate motor vehicles to be used by any person, or whoever makes false statements in an application for such a license or learner's permit, or whoever knowingly makes any false statement in an application for registration of a motor vehicle, shall be punished by a fine of not less than twenty dollars nor more than two hundred dollars or by imprisonment for not less than two weeks nor more than two years, or both; and whoever uses a motor vehicle without authority knowing that such use is unauthorized shall, for the first offense be punished by a fine of not less than fifty dollars nor more than five hundred dollars or by imprisonment for not less than thirty days nor more than two years, or both, and for a second offense by imprisonment in the state prison for not more than five years or in a house of correction for not less than thirty days nor more than two and one half years, or by a fine of not more than one thousand dollars, or by both such fine and imprisonment; and whoever is found guilty of a third or subsequent offense of such use without authority committed within five years of the earliest of his two most recent prior offenses shall be punished by a fine of not less than two hundred dollars nor more than one thousand dollars or by imprisonment for not less than six months nor more than two and one half years in a house of correction or for not less than two and one half years nor more than five years in the state prison or by both fine and imprisonment. A summons may be issued instead of a warrant for arrest upon a complaint for a violation of any provision of this paragraph if in the judgment of the court or justice receiving the complaint there is reason to believe that the defendant will appear upon a summons.

There shall be an assessment of $250 against a person who, by a court of the commonwealth, is convicted of, is placed on probation for or is granted a continuance without a finding for or otherwise pleads guilty to or admits to a finding of sufficient facts of operating a motor vehicle negligently so that the lives or safety of the public might be endangered under this section; but $125 of the $250 collected under this assessment shall be deposited by the court with the state treasurer into the Head Injury Treatment Services Trust Fund and the remaining amount of said assessment shall be credited to the General Fund. At the discretion of the court, an assessment under this paragraph may be reduced or waived only upon a written finding of fact that such payment would cause the person against whom the assessment is imposed severe financial hardship. Such a finding shall be made independently of a finding of indigence for purposes of appointing counsel. If the person is sentenced to a correctional facility in the commonwealth and the assessment has not been paid, the court shall note the assessment on the mittimus.

MINNESOTA

Establishment & Administration: Minn. Stat. § 144.661 to 665 (2004)

144.661 Definitions

Subdivision 1. Scope. For purposes of sections 144.661 to 144.665, the following terms have the meanings given them.

Subd. 2. Traumatic brain injury. "Traumatic brain injury" means a sudden insult or damage to the brain or its coverings caused by an external physical force which may produce a diminished or altered state of consciousness and which results in the following disabilities:
(1) impairment of cognitive or mental abilities;
(2) impairment of physical functioning; or
(3) disturbance of behavioral or emotional functioning.
These disabilities may be temporary or permanent and may result in partial or total loss of function. "Traumatic brain injury" does not include injuries of a degenerative or congenital nature.

Subd. 3. Spinal cord injury. "Spinal cord injury" means an injury that occurs as a result of trauma which may involve spinal vertebral fracture and where the injured person suffers an acute, traumatic lesion of neural elements in the spinal canal, resulting in any degree of temporary or permanent sensory deficit, motor deficit, or bladder or bowel dysfunction. "Spinal cord injury" does not include intervertebral disc disease.

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144.662 Traumatic brain injury and spinal cord injury registry; purpose

The commissioner of health shall establish and maintain a central registry of persons who sustain traumatic brain injury or spinal cord injury. The purpose of the registry is to:

(1) collect information to facilitate the development of injury prevention, treatment, and rehabilitation programs; and

(2) ensure the provision to persons with traumatic brain injury or spinal cord injury of information regarding appropriate public or private agencies that provide rehabilitative services so that injured persons may obtain needed services to alleviate injuries and avoid secondary problems, such as mental illness and chemical dependency.

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144.663 Duty to report

Subdivision 1. Establishment of reporting system. The commissioner shall design and establish a reporting system which designates either the treating hospital, medical facility, or physician to report to the department within a reasonable period of time after the identification of a person with traumatic brain injury or spinal cord injury. The consent of the injured person is not required.

Subd. 2. Information. The report must be submitted on forms provided by the department and must include the following information:

(1) the name, age, and residence of the injured person;
(2) the date and cause of the injury;
(3) the initial diagnosis; and
(4) other information required by the commissioner.

Subd. 3. Reporting without liability. The furnishing of information required by the commissioner shall not subject any person or facility required to report to any action for damages or other relief, provided that the person or facility is acting in good faith.

144.664 Duties of commissioner
Subdivision 1. Studies. The commissioner shall collect injury incidence information, analyze the information, and conduct special studies regarding traumatic brain injury and spinal cord injury.

Subd. 2. Provision of data. The commissioner shall provide summary registry data to public and private entities to conduct studies using data collected by the registry. The commissioner may charge a fee under section 13.03, subdivision 3, for all out-of-pocket expenses associated with the provision of data or data analysis.

Subd. 3. Notification. Within five days of receiving a report of traumatic brain injury or spinal cord injury, the commissioner shall notify the injured person or the injured person's family of resources and services available in Minnesota, pursuant to section 144.662, clause (2).

Subd. 4. Repealed, 1999 c 86 art 2 s 6

Subd. 5. Rules. The commissioner shall adopt rules to administer the registry, collect information, and distribute data. The rules must include, but are not limited to, the following:
(1) the specific ICD-9 procedure codes included in the definitions of "traumatic brain injury" and "spinal cord injury";
(2) the type of data to be reported;
(3) standards for reporting specific types of data;
(4) the persons and facilities required to report and the time period in which reports must be submitted;
(5) criteria relating to the use of registry data by public and private entities engaged in research; and
(6) specification of fees to be charged under section 13.03, subdivision 3, for out-of-pocket expenses.

144.665 Traumatic brain injury and spinal cord injury data
Data on individuals collected by the commissioner of health under sections 144.662 to 144.664 are private data on individuals as defined in section 13.02, subdivision 12, and may be used only for the purposes set forth in sections 144.662 to 144.664 in accordance with the rules adopted by the commissioner.

Revenue Source: Minn. Stat. § 171.29(Subd. 2)(c) (2004)

171.29 Revoked license; examination for new license
Subdivision. 2. Reinstatement fees and surcharges allocated and appropriated.
c) The revenue from $50 of each surcharge must be credited to a separate account to be known as the traumatic brain injury and spinal cord injury account. The money in the account is annually appropriated to the commissioner of health to be used as follows: 83 percent for contracts with a qualified community-based organization to provide information, resources, and support to assist persons with traumatic brain injury and their families to access services, and 17 percent to maintain the traumatic brain injury and spinal cord injury registry created in section 144.662. For the purposes of this clause, a "qualified community-based organization" is a private, not-for-profit organization of consumers of traumatic brain injury services and their family members.

The organization must be registered with the United States Internal Revenue Service under section 501(c)(3) as a tax-exempt organization and must have as its purposes:
(i) the promotion of public, family, survivor, and professional awareness of the incidence and consequences of traumatic brain injury;
(ii) the provision of a network of support for persons with traumatic brain injury, their families, and friends;
(iii) the development and support of programs and services to prevent traumatic brain injury;
(iv) the establishment of education programs for persons with traumatic brain injury; and
(v) the empowerment of persons with traumatic brain injury through participation in its governance.

No patient's name, identifying information, or identifiable medical data will be disclosed to the organization without the informed voluntary written consent of the patient or patient's guardian or, if the patient is a minor, of the parent or guardian of the patient.

MISSISSIPPI

Establishment & Administration: Miss. Code Ann. § 37-33-261 (2005)

37-33-261. Funding.
(1) Such assessments as are collected under subsections (1) and (2) of Section 99-19-73, shall be deposited in a special fund that is created in the State Treasury and designated the Spinal Cord and Head Injury Trust Fund. Unexpended amounts remaining in the Spinal Cord and Head Injury Trust Fund at the end of a fiscal year shall not lapse into the State General Fund, and all interest received from the investment of monies in the trust fund shall be credited to the trust fund and shall not be deposited into the State General Fund. Monies deposited in the fund shall be expended beginning in fiscal year 1997 by the Department of Rehabilitation Services as authorized and appropriated by the Legislature for the following purposes:

Providing the cost of care for spinal cord and traumatic brain injury as a payer of last resort to residents of the State of Mississippi for a multilevel program of rehabilitation as prescribed in Sections 37-33-251 through 37-33-259. Authorization of expenditures for spinal cord injury care and traumatic brain injury care from this trust fund shall be made only by the Department of Rehabilitation Services. Authorized expenditures shall include three (3) or more of the following forms of assistance: acute care; rehabilitation; transitional living; assistive technology services, devices and equipment; respite care; transportation; housing; home modifications; and other services and/or assistance as deemed appropriate by the advisory council for individuals with spinal cord injuries or traumatic brain injuries to accomplish a successful re-entry into the community. Such activities may also include expanding the public's awareness of how spinal cord and traumatic brain injuries occur and how they can be prevented and identifying advanced treatment and prevention techniques. Other authorized expenditures may include costs associated with salary and other support costs for personnel sufficient to carry out the program or to subcontract all or part of the authorized services, and to pay the travel and meeting expenses of the advisory council.

(2) The department shall issue a report to the Legislature and the Governor by January 1 of each year, summarizing the activities supported by the trust fund.

Revenue Source: Miss. Code Ann. § 99-19-73 (2005)

99-19-73. Standard State monetary assessment for certain violations, misdemeanors and felonies; suspension or reduction of assessment prohibited; collection and deposit of assessments; refunds.
(1) Traffic Violations. In addition to any monetary penalties and any other penalties imposed by law, there shall be imposed and collected the following state assessment from each person upon whom a court imposes a fine or other penalty for any violation in Title 63, Mississippi Code of 1972, except offenses relating to the Mississippi Implied Consent Law (Section 63-11-1 et seq.) and offenses relating to vehicular parking or registration:
Spinal Cord and Head Injury Trust Fund (for all moving violations) : $6.00

(2) Implied Consent Law Violations. In addition to any monetary penalties and any other penalties imposed by law, there shall be imposed and collected the following state assessment from each person upon whom a court imposes a fine or any other penalty for any violation of the Mississippi Implied Consent Law (Section 63-11-1 et seq.):
Spinal Cord and Head Injury Trust Fund : $25.00

MISSOURI

Establishment & Administration, and Revenue Source: § 304.028 R.S.Mo. (2005)

304.028: Head injury fund created, moneys in fund, uses--surcharge imposed, when

1. There is hereby created in the state treasury for use by the Missouri Head Injury Advisory Council a fund to be known as the "Head Injury Fund." All judgments collected pursuant to this section, federal grants, private donations and any other moneys designated for the head injury fund shall be deposited in the fund. Moneys deposited in the fund shall, upon appropriation by the general assembly to the office of administration, be received and expended by the council for the purpose of transition and integration of medical, social and educational services or activities for purposes of outreach and short-term supports to enable individuals with traumatic head injury and their families to live in the community, including counseling and mentoring the families. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, any unexpended balance in the head injury fund at the end of any biennium shall not be transferred to the general revenue fund.

2. In all criminal cases including violations of any county ordinance or any violation of criminal or traffic laws of this state, including an infraction, there shall be assessed as costs a surcharge in the amount of two dollars. No such surcharge shall be collected in any proceeding involving a violation of an ordinance or state law when the proceeding or defendant has been dismissed by the court or when costs are to be paid by the state, county or municipality.

3. Such surcharge shall be collected and distributed by the clerk of the court as provided in sections 488.010 to 488.020, RSMo. The surcharge collected pursuant to this section shall be paid to the state treasury to the credit of the head injury fund established in this section.

MONTANA

Establishment & Administration: Mont. Code Anno., § 2-15-2218 (2005)

2-15-2218 Traumatic brain injury account.

(1) There is a traumatic brain injury account in the state special revenue fund for purposes of traumatic brain injury prevention, education, and support.

(2) Money in this account may be used by the department of public health and human services to fund the advisory council and to provide grants for public information and prevention education regarding traumatic brain injury.

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Establishment & Administration: Mont. Code Anno., § 53-6-502 (2005)

53-6-502 Traumatic brain injury trust fund established -- source of funds -- uses.

(1) There is an account in the state special revenue fund to be used to establish a traumatic brain injury trust fund.

(2) The trust fund consists of donations or grants received for the purpose of providing services for persons suffering from traumatic brain injury.

(3) The money in this account must be used solely for planning, coordinating, and providing services to persons suffering from traumatic brain injury.

Revenue Source: Mont. Code Anno., § 61-3-303 (2005)

61-3-303 Original registration -- process -- fees.

(5) Unless otherwise provided by law, a person registering a motor vehicle shall pay to the county treasurer:

(c) a donation of $ 1 or more if the person indicates that the person wishes to donate to promote education on, support for, and awareness of traumatic brain injury.

(10) Revenue that accrues from the voluntary donation provided in subsection (5)(c) must be forwarded by the respective county treasurer to the department of revenue for deposit in the state special revenue fund to the credit of the account established in 2-15-2218 to support activities related to education regarding prevention of traumatic brain injury.

NEW JERSEY

Establishment & Administration: N.J. Stat. § 30:6F-5 (2005)

30:6F-5 Traumatic Brain Injury Fund.

a. There is established in the Department of the Treasury a nonlapsing, revolving fund to be known as the "Traumatic Brain Injury Fund." This fund shall be the repository for monies provided pursuant to subsection b. of section 1 of P.L. 1992, c. 87 (C. 39:3-8.2) and any other funds approved by the Department of Human Services or the council.

b. The State Treasurer is the custodian of the fund and all disbursements from the fund shall be made by the State Treasurer upon vouchers signed by the Commissioner of Human Services or his designee. The monies in the fund shall be invested and reinvested by the Director of the Division of Investment in the Department of the Treasury as are other trust funds in the custody of the State Treasurer, in the manner provided by law. Interest received on the monies in the fund shall be credited to the fund.

Establishment & Administration: N.J. Stat. § 30:6F-4 (2005)

30:6F-4. Duties of council

The council shall:

a. Advise and make recommendations to the Department of Human Services and other related State agencies on ways to improve and develop services regarding traumatic brain injury, including the coordination of these services between public and private entities;

b. Encourage citizen participation through the establishment of public hearings and other types of community outreach and prevention activities;

c. Encourage and stimulate research, public awareness, education and prevention activities;

d. Oversee any programs created under the federal law, Pub. L.104-166, known as the Traumatic Brain Injury Act, and any successive amendments to that act, and report to the federal government regarding these programs; and

e. Advise the Commissioner of Human Services on the administration of the Traumatic Brain Injury Fund established pursuant to section 5 of this act [30:6F-5].

Revenue Source: N.J. Stat. § 39:3-8.2(1.b.) (2005)

39:3-8.2. Additional fees

1. b. In addition to the motor vehicle registration fees imposed pursuant to the provisions of chapter 3 of Title 39 of the Revised Statutes, the director shall impose and collect an additional fee of $.50 to be deposited in the Traumatic Brain Injury Fund established pursuant to section 5 of P.L.2001, c.332 (C.30:6F-5).

NEW MEXICO

Establishment & Administration: N.M. Stat. Ann. § 24-1-24 (2005)

24-1-24. Brain injury services fund created.
A. There is created in the state treasury the "brain injury services fund." The fund shall be invested in accordance with the provisions of Section 6-10-10 NMSA 1978, and all income earned on the fund shall be credited to the fund.

B. The brain injury services fund shall be used to institute and maintain a statewide brain injury services program designed to increase the independence of persons with traumatic brain injuries.

C. The department of health shall adopt all rules, regulations and policies necessary to administer a statewide brain injury services program. The department of health shall coordinate with and seek advice from the brain injury advisory council to ensure that the statewide brain injury services program is appropriate for persons with traumatic brain injuries.

D. All money credited to the brain injury services fund shall be appropriated to the department of health for the purpose of carrying out the provisions of this section and shall not revert to the general fund.

Revenue Source: N.M. Stat. Ann. § 66-8-116.3(E) (2005)

66-8-116.3. Penalty assessment misdemeanors; additional fees.
In addition to the penalty assessment established for each penalty assessment misdemeanor, there shall be assessed:
E. a brain injury services fee of five dollars ($5.00), which shall be credited to the brain injury services fund.

Revenue Source: N.M. Stat. Ann. § 66-8-119(B)(5) (2005)

66-8-119. Penalty assessment revenue; disposition.
B. The division shall remit all penalty assessment fee receipts collected pursuant to
(5) Subsection E of Section 66-8-116.3 NMSA 1978 to the state treasurer for credit to the brain injury services fund.

PENNSYLVANIA

Establishment & Administration: 28 Pa. Code § 4.1 (2005)

4.1. Scope and purpose

(a) This chapter establishes standards for the Department to administer the Fund.

(b) The Department will use the Fund to administer a head injury program, as set forth in this chapter, to pay for medical, rehabilitation and attendant care services for persons with traumatic brain injury.

Revenue Source: 35 P. S. § 6934 (2005)

6934. Support of emergency medical services.

(a) Fine.-A $10 fine shall be levied on all traffic violations exclusive of parking offenses. These fines shall be in addition to other fines imposed at the discretion of the court.

(b) Accelerated Rehabilitative Disposition fee.-A fee of $25 shall be imposed as costs upon persons admitted to programs for Accelerated Rehabilitative Disposition for offenses enumerated in 75 Pa.C.S. § 3731 (relating to driving under influence of alcohol or controlled substance).

(c) Emergency Medical Services Operating Fund.-Money collected shall be paid to the court imposing the fine, or fee, which shall forward it to the State Treasurer for deposit into a special fund to be known as the Emergency Medical Services Operating Fund. Moneys in the fund shall be appropriated annually by the General Assembly.

(d) Purpose of fund.-All money from the Emergency Medical Services Operating Fund shall be disbursed by the department to eligible providers of emergency medical services, as determined by the department by regulation, to the State Advisory Council and to regional emergency medical services councils for the initiation, expansion, maintenance and improvement of emergency medical services, including ambulance and communications equipment and for training, education and ambulance licensure purposes. These funds shall not be used for any other purposes.

(e) Allocation to Catastrophic Medical and Rehabilitation Fund.-Twenty-five percent of the fund shall be allocated to a Catastrophic Medical and Rehabilitation Fund for victims of trauma. The catastrophic fund shall be available to trauma victims to purchase medical, rehabilitation and attendant care services when all alternative financial resources have been exhausted. The department may, by regulation, prioritize the distribution of funds by classification of traumatic injury.

(f) Audit.-The Auditor General shall review collections and expenditures made pursuant to the provisions of this section and report its findings to the General Assembly annually. This audit shall include a review of the collections and expenditures of the emergency medical services councils.

TENNESSEE

Establishment & Administration: Tenn. Code Ann. § 68-55-401 (2005)

68-55-401. Fund established

There is hereby established a general fund reserve to be allocated by the general appropriations act which shall be known as the "traumatic brain injury fund," hereafter referred to as the "fund." Moneys from the fund may be expended to fund the registry, the TBI coordinator position and additional staff requirements and other expenditures and grants under the provisions of this chapter. Any revenues deposited in this reserve shall remain in the reserve until expended for purposes consistent with this chapter, and shall not revert to the general fund on any June 30. Any excess revenues shall not revert on any June 30, but shall remain available for appropriation in subsequent fiscal years. Any appropriation from such reserve shall not revert to the general fund on any June 30, but shall remain available for expenditure in subsequent fiscal years.

Revenue Source: Tenn. Code Ann. § 68-55-301 to 304 (2005)

68-55-301. Additional fine for speeding to be paid into general fund reserve

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by title 55, chapter 8, for driving a motor vehicle in excess of ten (10) miles over the posted speed limit, there is imposed an additional fine of two dollars ($2.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-302. Additional fine for reckless driving to be paid into general fund reserve.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by § 55-10-205, for reckless driving of a motor vehicle, there is imposed an additional fine of twenty-five dollars ($25.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-303. Additional fine for driving with an invalid license to be paid into general fund reserve.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by title 55, chapter 50, parts 5 and 6, for driving a motor vehicle while the driver license is cancelled, suspended or revoked, there is imposed an additional fine of ten dollars ($10.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-304. Additional fine for driving under the influence to be paid into general fund reserve.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by § 55-10-403, for driving under the influence of an intoxicant, marijuana, narcotic drug, or drug producing stimulating effects on the central nervous system prohibited under § 55-10-401, there is imposed an additional fine of ten dollars ($10.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

TEXAS

Establishment & Administration: Tex. Hum. Res. Code § 111.060 (2005)

111.060. Comprehensive Rehabilitation Fund

(a) The comprehensive rehabilitation fund is created in the state treasury. Money in the fund is derived from court costs collected under Subchapter D, Chapter 102, Code of Criminal Procedure. Money in the fund may be appropriated only to the commission for the purposes provided by Section 111.052.

(b) The comptroller, on requisition by the commission, shall draw a warrant on the fund for the amount specified in that requisition for a use authorized in Section 111.052, except that the total of warrants issued during a state fiscal year may not exceed the amount appropriated for that fiscal year. At the end of each state fiscal year, the comptroller shall transfer to the General Revenue Fund any unexpended balance in the comprehensive rehabilitation fund that exceeds $500,000.

(c) The court costs remitted to the comptroller and deposited in the state treasury pursuant to this section are dedicated to the commission.

Revenue Source: Tex. Local Gov't Code § 133.102 (2004)

133.102. Consolidated Fees on Conviction

(e) The comptroller shall allocate the court costs received under this section to the following accounts and funds so that each receives to the extent practicable, utilizing historical data as applicable, the same amount of money the account or fund would have received if the court costs for the accounts and funds had been collected and reported separately, except that the account or fund may not receive less than the following percentages:

(6) comprehensive rehabilitation 5.3218 percent.

VIRGINIA

Establishment & Administration: Va. Code Ann. § 51.5-12.2 (2005)

51.5-12.2. Commonwealth Neurotrauma Initiative Trust Fund established

A. For the purpose of preventing traumatic spinal cord or brain injuries and improving the treatment and care of Virginians with traumatic spinal cord or brain injuries, there is hereby created in the state treasury a special nonreverting fund to be known as the Commonwealth Neurotrauma Initiative Trust Fund, hereinafter referred to as the "Fund." The Fund shall be established on the books of the Comptroller as a revolving fund and shall be administered by the Commonwealth Neurotrauma Initiative Advisory Board, in cooperation with the Commissioner of Rehabilitative Services. The Fund shall consist of grants, donations and bequests from public and private sources and funds collected as provided in § 46.2-411. Such moneys shall be deposited into the state treasury to the credit of the Fund and shall be used for the purposes of this article.

B. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. The Fund shall be distributed according to the grant procedures established pursuant to § 51.5-12.4. Moneys in the Fund shall be used to support grants for Virginia-based organizations, institutions, and researchers as follows: (i) forty-seven and one-half percent shall be allocated for research on the mechanisms and treatment of neurotrauma, (ii) forty-seven and one-half percent shall be allocated for rehabilitative services, and (iii) five percent shall be allocated for the Department of Rehabilitative Services' costs for administering and staffing the Commonwealth Neurotrauma Initiative Advisory Board.

C. The Fund shall be administered by the Department of Rehabilitative Services.

Revenue Source: Va. Code Ann. § 46.2-411(C) (2005)

46.2-411. Reinstatement of suspended or revoked license or other privilege to operate or register a motor vehicle; proof of financial responsibility; reinstatement fee

C. Whenever the driver's license or registration cards, license plates and decals, or other privilege to drive or to register motor vehicles of any resident or nonresident person is suspended or revoked by the Commissioner or by a district court or circuit court pursuant to the provisions of Title 18.2 or this title, or any valid local ordinance, the order of suspension or revocation shall remain in effect and the driver's license, registration cards, license plates and decals, or other privilege to drive or register motor vehicles shall not be reinstated and no new driver's license, registration cards, license plates and decals, or other privilege to drive or register motor vehicles shall be issued or granted unless such person, in addition to complying with all other provisions of law, pays to the Commissioner a reinstatement fee of thirty dollars. The reinstatement fee shall be increased by thirty dollars whenever such suspension or revocation results from conviction of involuntary manslaughter in violation of § 18.2-36.1; conviction of maiming resulting from driving while intoxicated in violation of § 18.2-51.4; conviction of driving while intoxicated in violation of § 18.2-266 or § 46.2-341.24; conviction of driving after illegally consuming alcohol in violation of § 18.2-266.1 or failure to comply with court imposed

conditions pursuant to subsection D of § 18.2-271.1; unreasonable refusal to submit to drug or alcohol testing in violation of § 18.2-268.2; conviction of driving while a license, permit or privilege to drive was suspended or revoked in violation of § 46.2-301 or § 46.2-341.21; disqualification pursuant to § 46.2-341.20; violation of driver's license probation pursuant to § 46.2-499; failure to attend a driver improvement clinic pursuant to § 46.2-503 or habitual offender interventions pursuant to former § 46.2-351.1; conviction of eluding police in violation of § 46.2-817; conviction of hit and run in violation of § 46.2-894; conviction of reckless driving in violation of Article 7 (§ 46.2-852 et seq.) of Chapter 8 of Title 46.2 or a conviction, finding or adjudication under any similar local ordinance, federal law or law of any other state. Five dollars of the additional amount shall be retained by the Department as provided in this section and twenty-five dollars shall be transferred to the Commonwealth Neurotrauma Initiative Trust Fund established pursuant to Chapter 3.1 (§ 51.5-12.1 et seq.) of Title 51.5. When three years have elapsed from the termination date of the order of suspension or revocation and the person has complied with all other provisions of law, the Commissioner may relieve him of paying the reinstatement fee.